

# PUBLIC HEALTH



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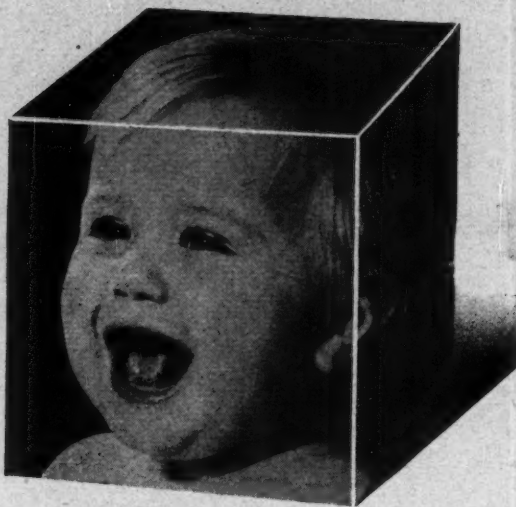
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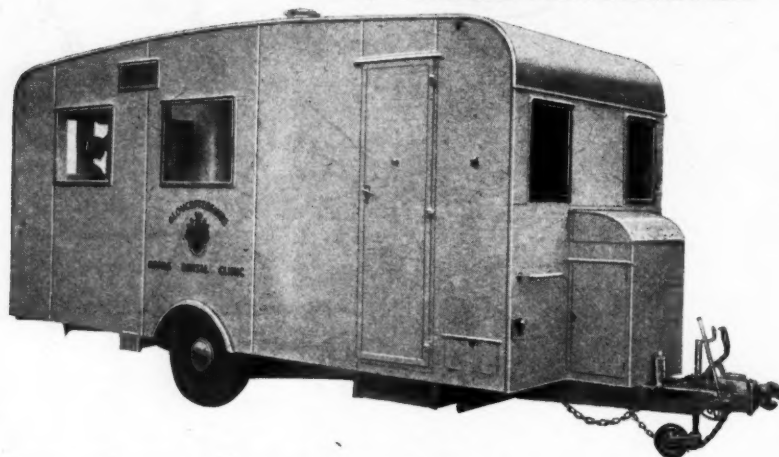
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## CONTENTS

| EDITORIALS  | PAGE | SOCIETY OF MEDICAL OFFICERS OF HEALTH             | PAGE |
|---|------|---|------|
| The Central Office of the Society .. .. .   | 105  | NOTICES   |      |
| Sir Andrew Davidson .. .. .   | 105  | Ordinary Meeting .. .. .                          | 115  |
| <b>SPECIAL ARTICLES</b>   |      | School Health Service and Services Groups .. .. . | 105  |
| The Services Group, Past, Present and Future. By G. M. Frizelle, T.D., M.D. . . . . | 106  | Tuberculosis Group .. .. .                        | 115  |
| Health Education—Cancer. By R. N. Curnow, M.B., B.S., D.P.H. . . . .                | 112  | <b>REPORTS</b>                                    |      |
| The General Practitioner and the Health Visitor .. .. .                             | 114  | Ordinary Meeting .. .. .                          | 115  |
| <b>NEWS AND REPORTS</b>   |      | Council Meeting .. .. .                           | 115  |
| The Late Sir George Elliston .. .. .  | 113  | General Purposes Committee .. .. .                | 118  |
| Diphtheria Prophylaxis .. .. .  | 114  | New South Wales Branch .. .. .                    | 120  |
| <b>BOOK REVIEW</b>  |      | Northern Branch .. .. .                           | 121  |
| Toxic Solvents (Ethel Browning) .. .. .   | 122  | North-Western Branch .. .. .                      | 121  |
|   |      | Yorkshire Branch .. .. .                          | 122  |

## EDITORIAL

### The Central Office of the Society

We welcome the return to the "active" list of Dr. Frederick Hall, C.B.E., who has accepted the invitation of the Council to become the part-time Medical Secretary of the Society from the first of this month, following the withdrawal of Mr. G. L. C. Elliston from secretarial duties in order to devote himself entirely to the editorship of this journal and of the *Medical Officer*. Dr. Hall was a prominent figure in the Public Health Service as one of the distinguished line of medical officers of health who have served the county of Lancashire and we feel that the Council has made a choice which will commend itself to all members. Dr. Hall will have the able help of the whole-time Administrative Officer, Mr. S. R. Bragg, who will continue to deal in the first instance with the Society's correspondence and business matters.

The decision to return to a medical secretaryship is perhaps a particularly timely one in view of the setbacks to medical administration which followed the introduction of the National Health Service, particularly in the hospital sphere. The validity of medical administration is at the very roots of the concept of the medical officer of health as a professional man who plans, advises, initiates and executes the policy of his council. In the present appointment the Society is in fact returning to something like its old organisation before the appointment of the late Sir George Elliston in 1919, when he succeeded two honorary medical secretaries and a whole-time lay secretary. Lancashire has always been noted as a particularly well-administered county and, moreover, one in which the county and district councils have had good relations. Dr. Hall was himself in office there when the divisional administration of Part III health services was planned and successfully introduced there, and this is a good augury for his secretaryship of a Society which comprises many interests, some of which are bound to conflict in the present local government set-up. The Minister of Housing and Local Government in the debate on the Luton Corporation Bill on March 18th indicated that the issue of the reorganisation of local government is now more alive than we had thought,

so the presence of an experienced Medical Secretary at the central office may well be a strong asset to the Society in the next year or so.

### Sir Andrew Davidson

At their meeting of February 19th the Council of the Society accepted unanimously the recommendation from the Scottish Branch that the Honorary Fellowship of the Society should be conferred upon Sir Andrew Davidson and his name therefore appears for election to that status upon the notice for the Ordinary Meeting on page 115 of this issue. Whilst there is no one more worthy of this distinction, Sir Andrew's retirement on March 31st has been universally regretted. His career has lain on both sides of the Border and he has contributed much to public health administration in both England and Scotland. His tenure of the chief post at the Department of Health for Scotland coincided with the worst of the war years and with the planning and putting into execution of the Scottish National Health Service Act. It has often been said that Scotland has a better scheme than England, and some of the advantages are undoubtedly due to Sir Andrew. But we think that our chief debt of gratitude to him is for his eloquent and practical advocacy at all times of prevention and of the part that the Public Health Service can play. We hope that he will enjoy a happy retirement but that his talents will not be allowed to lie fallow.

### SCHOOL HEALTH SERVICE AND SERVICES GROUPS

The School Health Service and Services Groups will hold a joint meeting on Friday, April 23rd, 1954, at 4.30 p.m., in the London School of Hygiene and Tropical Medicine, Keppel Street, W.C.1, to discuss "The School Leaver in Relation to His Future in the Services and Industry."

The opening speakers will be H. M. Cohen, M.D., D.P.H., Principal School Medical Officer, Birmingham, "The School Leaver—The Final Phase"; Lt.-Col. L. B. M. Milne, O.B.E., R.A.M.C., Director of Army Physical Medicine, "The Sub-standard Recruit"; and J. N. Macdonald, B.M., B.Ch., D.P.H., Senior Medical Officer, Lever Bros., Port Sunlight, Ltd., "The Young Person in Industry."

## THE SERVICES GROUP, PAST, PRESENT AND FUTURE\*

By G. M. FRIZELLE, T.D., M.D.,  
Assistant Dean, London School of Hygiene and Tropical  
Medicine  
Colonel, late R.A.M.C. (A.E.R.)

On September 24th, 1920, a newly formed Group of the Society of Medical Officers of Health held its first meeting at the Society's house, 1, Upper Montague Street, London, W.C.1, under the chairmanship of Lieut.-General Sir John Goodwin, Director of the Army Medical Services. This Group was known as the Naval, Military and Air Force Hygiene Group and its object was to increase the liaison between officers of the Regular and Territorial Forces on the one hand and Civil Medical Officers on the other, all of whose duties were directed towards the improvement of public health.

The President of the new Group was Prof. H. R. Kenwood, C.M.G., and the Vice-Presidents were: Major-General Sir Wm. G. Macpherson, Brigadier-General Sir Wm. Horrocks, Colonel Sir G. Sims Woodhead, Major-General W. W. O. Beveridge, Air Commodore M. H. G. Fell, Surgeon-Commander R. St. G. S. Bond and Colonel G. S. Elliston.

The meeting decided to form a Council of 12 members composed of two members from each of the Services and Auxiliary Forces, the President and Vice-Presidents to be members *ex officio*. Ten members were elected and power was given to the Council to appoint two additional members. The elected members were as follows:—

*Navy*.—Surgeon-Commanders R. St. G. S. Bond and R. J. MacKeown.

*Army*.—Lieut.-Colonels W. Clayton Smales and E. P. Sewell.

*Air Force*.—Squadron-Leaders A. Grant and P. M. Keane.

*Temporary Commissions*.—Captain A. B. McMaster and Major J. H. Peek.

*Representative on the Council of the Society*.—Colonel H. W. Grattan.

*Honorary Secretary*.—Major W. N. W. Kennedy.

It appears strange that no representative of the R.N.V.R. was available for appointment to the Council. The R.A.F.V.R. was, of course, not in being then. At the time of that meeting the membership of the Group exceeded 70.

After the business of the meeting had been concluded, Brigadier-General W. W. O. Beveridge, Director of Hygiene at the War Office, read a paper on "Disinfection and Disinfection in the Field." This was illustrated by models lent by Colonel Lelean, Professor of Hygiene at the Royal Army Medical College.

The first meeting of the Group Council was held on October 29th, 1920, at which Dr. C. W. Hutt, of Richmond, and Dr. E. J. Steegman, of the Ministry of Health, were elected to fill the two vacancies on the Council. A letter was read from Dr. Percy McDonnell, of the Irish Board of Health, urging the formation of an Irish section of the Group.

The Group Council then considered and adopted by-laws for the Group, subject to the approval of each member, to whom the draft by-laws were circulated. The most important of these by-laws were as follows:—

This Group is established:—

(a) To promote cooperation among those working in the interests of Public Health both in the Fighting Services and in Civil Employment.

(b) To collect, compare, and record particulars of work and experience relating to the common health interests of the civil community and the fighting forces.

(c) To arrange Meetings in London for the reading and discussion of papers upon matters of common interest.

(d) To consider and report upon any matter which may from time to time be referred to the Group.

(e) To form a collection of reference books, reports and periodicals dealing with subjects relevant to the above-mentioned aims of the Group.

\* Presidential Address to the Services Group, Society of M.O.H., London, 22nd January, 1954.

## General Management

The Officers of the Group shall consist of a President, Vice-Presidents, the representative on the Council of the Society, an Honorary Secretary who shall also act as Treasurer, and 12 other members who shall constitute a Council in which the general management of the Group shall be vested. Seven members of this Council shall form a quorum.

On December 17th, 1920, Prof. Kenwood delivered the first Presidential Address on "The Work of the Naval, Army and R.A.F. Group within the Society." After dealing with the achievements of preventive medicine in all the services during the 1914-18 war, the President said he hoped that occasionally the Group would be invited by the Directors of the various Medical Services to cooperate in some matter of research in which they might be judged capable of rendering useful assistance. He indicated that the Group might pursue the following aims and objects: (1) education and health propaganda, (2) cooperative measures for safeguarding the mutual interests of Civil and Military Medical Officers, (3) advising the Civil authorities as to the adaptation of military sanitary measures to civil conditions, and (4) a study of camp hygiene and sanitation with particular reference to sites, water supply, hutment types, etc.

The second meeting of the Council was held on February 4th, 1921. At this meeting it was decided, in view of the unsettled state of Irish affairs, to postpone Dr. Percy McDonnell's suggestion for the formation of an Irish branch to a more propitious time.

The Council appointed a Committee to "consider lines of action, obtain and materialise ideas and draw up a schedule for the guidance of those who are best able to give educational health propaganda practical expression."

At an ordinary meeting of the Group held subsequent to the Council Meeting on February 4th, 1921, the draft by-laws were adopted with three slight amendments.

Both a committee appointed to study Health Propaganda and a committee set up to deal with camp sites and county surveys held a number of meetings during 1921. The latter committee decided to approach the Medical Officers of Health of the counties of Bedfordshire and Cambridgeshire and the combined districts of Hereford with a view to obtaining from them surveys of their districts for the purpose of supplying models upon which to work.

On April 19th, 1921, there was held at the Royal Army Medical College the first of a series of meetings which have become traditional in the history of the Group. At this meeting Lieut.-Colonel P. S. LeLean, Professor of Hygiene, arranged a demonstration of "Sanitary Appliances of interest to all Health Officers." In a report published in the *Lancet* it was stated that "the sections covered almost the entire range of preventive medicine in its relation to military service under all climatic conditions."

On June 30th, 1921, Colonel H. W. Grattan, Deputy Director of Hygiene at the War Office, read a paper to the Group emphasising the necessity for cooperation between civil and military authorities in matters affecting public health during a national emergency. He stressed the value of coordinated action in such matters as billeting, sanitation, destruction of refuse, water supplies and the notification of infectious disease. At the end of the discussion which followed, the President stated that it was the intention of the Group to undertake a sanitary survey of England for the benefit of the military authorities. From this and from previous reports it will be seen that the Group took a wide and comprehensive view of its functions and its obligations to all matters relating to civil and military public health.

Prof. Kenwood retired from the office of President in August, 1921.

Henry Richard Kenwood was born at Bexhill, in Sussex, on December 22nd, 1862, and died on June 7th, 1945, aged 83. He was educated at Tunbridge Wells, Paris, and Edinburgh University where he graduated M.B., C.M. in 1887. After taking his D.P.H. at the same University he became M.O.H. for the Finchley District of London from 1893-1904. In 1894 he was also appointed M.O.H. and Public Analyst for Stoke Newington, and in 1908 he became M.O.H. of Bedfordshire. He was successively Demonstrator, Assistant Professor, Professor and Professor

Emeritus of Hygiene and Public Health in the University of London (University College). During the 1914-18 war he was commissioned in the R.A.M.C., working in the Army Medical Department and retiring with the honorary rank of Lieut.-Colonel. For his war service he was made a C.M.G. in 1918. He had the unusual distinction of being President of the Society of Medical Officers of Health for two successive years, 1918-20. He was also Chairman of the Council of the Royal Sanitary Institute, the first Chairman of the Central Council for Health Education and an Honorary Foreign Member of the Société Française d'Hygiène. He published many papers on the purification of sewage, pollution of sea water, rural water supplies and camp sanitation. He was the joint author of a standard text-book, *Hygiene and Public Health*, first by Parkes and Kenwood and later by Kenwood and Keer. He also published *Public Health Laboratory Work (Chemistry)*.

On September 30th, 1921, Rear-Admiral Sir Percy Bassett-Smith was elected President of the Group for the forthcoming year and Captain S. H. Daukes, R.A.M.C., Hon. Secretary and Treasurer.

At a Council Meeting held on November 18th, 1921, the Propaganda and County Survey Schemes were discussed and it was decided that Lt.-Colonel Kenwood should have a county survey of Bedfordshire drawn up on the lines of the schedule in order that further action should be taken on the experience gained.

The death of Sir G. Sims Woodhead, one of the Vice-Presidents was reported to the Council on February 3rd, 1922.

A draft report of some length was submitted by the Health Propaganda Sub-Committee on March 3rd, 1922. The most important matters upon which knowledge and information should be diffused were considered by the Sub-Committee to be housing, infant mortality, tuberculosis and clean milk. The methods and channels of propaganda recommended were instruction in schools through handbills distributed to teachers, dissemination of information by the officials of local health authorities, special and general health leaflets and pamphlets for sale on bookstalls and in shops, pictures and posters, exhibits, either stationary or travelling, the use of the cinema and public lectures.

Several general meetings were held during the 1921-22 session which ended with the second demonstration held at the Royal Army Medical College on July 21st, 1922, where a number of exhibits relating to water purification, disinfection, control of venereal disease and tropical diseases and army rations were to be seen.

Rear-Admiral Sir Percy Bassett-Smith, the second President, retired from the Presidency in the summer of 1922. He was born at St. Albans in 1861 and died on December 29th, 1927, aged 66. He was educated at Hurstpierpoint and the Middlesex Hospital. He took his L.S.A. in 1882, his conjoint diploma in 1883, and his M.R.C.P. in 1913. He was appointed F.R.C.S. in 1916 and F.R.C.P. in 1918. He also held the D.T.M. & H. of Cambridge. He entered the Navy in 1883, became a Staff Surgeon in 1895, Surgeon-Captain in 1917 and retired as a Surgeon-Rear-Admiral in 1921. He served in H.M.S. *Rambler* at Suakin during the Sudan Campaign of 1884-85 and received the Egyptian Medal and Khedives bronze star.

His principal interests were tropical medicine and pathology and he was Lecturer in Tropical Medicine and Bacteriology at the Royal Naval Medical School, Haslar, from 1900-12, and Professor of Pathology at the Royal Naval College, Greenwich, from 1912-21. At one time it was feared by his colleagues that his overriding interests in clinical and laboratory work and his long teaching appointments ashore might debar him from normal promotion, but his exceptional talents were recognised by his promotion to Surgeon-Captain in 1917. He was awarded the C.B. in 1911, the C.M.G. in 1918 and the K.C.B. on his retirement in 1921.

After retirement he practised as a Consultant in Harley Street and was on the staffs of the Victoria Chest Hospital and St. John's Hospital, Lewisham. He was also President of the Royal Society of Tropical Medicine and was on the Council of many Committees of the B.M.A.

Sir William G. Macpherson was elected President and Flight-Lieut. J. Hutchinson Wood, Hon. Secretary and Treasurer, for the session 1922-23.

Among the meetings held during this session was one at the National Institute for Medical Research, Mount Vernon,

Hampstead, where Prof. Leonard Hill described the Kathermometer, Dr. Purdy demonstrated recent work on Silicosis, Mr. Barnard showed a new dark ground illuminator and Group-Captain H. W. Flack showed methods of selection of flying personnel.

On July 13th, 1923, a meeting was held at the Army School of Hygiene instead of at the R.A.M. College. This was a joint meeting with the Southern Branch. Demonstrations included methods applicable in the field regarding disinfection, water purification, cookery and conservancy. There were also demonstrations on mosquito breeding and entomology.

William Grant Macpherson, who retired from the Presidency in the summer of 1923, was born at Kilmuir, Ross-shire, on January 27th, 1858, and died on October 15th, 1927, aged 69.

He was a son of the manse and was educated at Fettes and Edinburgh University. A classical scholar, he took his M.A. with honours in 1879, before taking his M.B., C.M. in 1882. He also held the D.P.H. of Cambridge. He left Edinburgh with a travelling scholarship and studied medicine, German and logic at the Universities of Tübingen and Leipzig. After joining the R.A.M.C. his service overseas took him to India, Gibraltar, South Africa—after the end of the South African War—China, Panama, Cuba and Malta. He had a great facility for learning foreign languages and wherever he went he acquired the language of the country in order to understand better the local problems. During his tour of duty as S.M.O., North China Command, he was attached to the Japanese forces in Manchuria during the Russo-Japanese War. This experience led to the publication of some valuable reports. (For his services he was awarded three Japanese decorations.)

He was a frequent Government and War Office representative on international conferences, was honorary secretary of the Central British Red Cross Committee from the time of its formation until 1902 and was one of the British plenipotentiaries at the Conference for the Revision of the Geneva Convention in 1906.

At the outbreak of the 1914-18 war he was D.D.G. at the War Office but soon became D.M.S. 1st Army in France. He was later D.M.S. Salonika and D.M.S. British Forces in Macedonia. In March, 1916, he returned to France as D.D.G.M.S., G.H.Q., 1st Echelon, which appointment he held until age forced him to retire in June, 1918. One of his greatest services during the war was the prevention of manpower wastage by providing sufficient beds in France for the treatment of minor casualties and so avoiding mass evacuation to the U.K.

He was made a C.M.G. in 1902, K.H.P. in 1912, and for his war service was mentioned in despatches nine times, received first the C.B. and later the K.C.M.G. He was a Commander of the Legion of Honour and the Crown of Italy, was made an honorary LL.D. of Edinburgh University in 1919, and was awarded the Distinguished Service Medal of the U.S.A. in 1922.

After his retirement he maintained many interests, was Editor-in-Chief of the *Official Medical History of the War*, was on the Council of the B.M.A. from 1921-26, on many B.M.A. Committees and was Colonel-Commandant of the R.A.M.C. from 1925 until his death.

In addition to being a keen disciplinarian and an able administrator, he was an enthusiastic sportsman, a boxer in his young days, a keen horseman later, and to the end of his life an ardent golfer. It was not for nothing that he was known in the Corps as "Tiger Mac."

At the Annual General Meeting of the Group held on September 28th, 1923, Major-General W. W. O. Beveridge was elected President for the forthcoming session. The new Hon. Secretary of the Group was Major G. S. Parkinson.

A Council Meeting was held on October 17th, 1923, at which the question of the County Survey was discussed. It was pointed out that a work of this nature should include the preparation of a plan showing hospital accommodation, water supplies, drainage, areas for billeting, etc., and would be of immense value should another national emergency occur. Lieut.-Colonel Kenwood emphasised that it was for useful work of this nature that the Group was first started. At this meeting it was also proposed and carried that papers should not be confined to members of the Group but that they should be sought from outside, as it was felt that not only would they prove intrinsically interesting but also help to stimulate recruitment to the Group.

A subsequent meeting of the Council on November 30th, discussed the County Survey at greater length. Lieut.-Colonel Kenwood reported that an ordnance survey map of



Bedfordshire had been obtained and another map prepared showing water supplies, infectious disease hospitals, general hospitals and cottage hospitals. A report had also been prepared giving the following data :—

1. A list of M.O.s. H., Sanitary Inspectors and clerks with their addresses and telephone numbers.
2. The direction of water mains and points where water might be tapped.
3. The names of some 50 parishes with abundant water supplies.
4. Positions where steam disinfectors were available.
5. Situation and addresses, etc., of infectious disease hospitals.
6. Names of towns with swimming baths.
7. Positions of V.D. clinics and hours of attendance.
8. Location of refuse destructors.
9. Position of sewers and sewage works.
10. Location of halls which could be used for recreational purposes.

The following further suggestions were put forward as items which might be included in the list :—

1. The provision of a geological map to facilitate the location of water supplies.
2. A list of camp sites which had proved unsatisfactory during the war, with reasons for their failure.
3. Location of Poor Law Hospitals.
4. A list of good camp sites.
5. Limit of working capacity of sewage works.

Lieut.-Colonel Kenwood proposed that the survey of Bedfordshire should be completed with a view to seeing if the scheme was worth continuing and Lieut.-Colonel Anderson suggested that it should be submitted to the Naval, Military and Air Force authorities to obtain their views.

At a meeting of the Council held on June 27th, 1924, Lieut.-Colonel Kenwood presented the County Survey of Bedfordshire completed to include the suggestions made at the last Council Meeting. He also handed in an ordnance survey map of Bedfordshire as well as geological records of sinkings and borings for water. He suggested that the reactions of the Services should first be sought before submitting the report to the Society of Medical Officers of Health.

On July 25th, 1924, a meeting of the Group was held at the Royal Naval College, Greenwich. After a visit to the Nelson Hall and relics many hygiene and pathological exhibits were demonstrated.

This meeting concluded the programme for the 1923-24 session and the year's presidency of Sir Wilfred Beveridge, who received his K.B.E. that year.

Wilfred William Ogilvy Beveridge was born in Edinburgh on November 16th, 1864. He was educated at Kensington and at Edinburgh University where he obtained the degrees of M.B., Ch.B. Later he took his D.P.H. at Cambridge. He entered the R.A.M.C. in 1890 and served in the South African War where he was awarded the D.S.O. and was mentioned in despatches. He was promoted Major in 1902, Lieut.-Colonel in 1912, Colonel in 1917, and Major-General in 1922. During the 1914-18 war he was mentioned in despatches five times and was awarded the C.B. in 1915, and C.B.E. in 1919. He later became Professor of Hygiene at the R.A.M. College and then Director of Hygiene at the War Office during which time he was largely responsible for the improvement of living conditions in troopships. He was made K.H.P. in 1920 and K.B.E. in 1924, the year in which he retired. He also was a Chevalier of the Legion of Honour and held the Order of St. Stanislas. A Vice-President of the R.S.I. and of the Institute of Hygiene and a corresponding member of the French Academy of Medicine, he was at one time examiner in Public Health to the Royal College of Physicians and Surgeons in London and was awarded the Chadwick Gold Medal in 1920. From 1924-29 he formed and organised the museum at the London School of Hygiene and Tropical Medicine and was also a member of the Colonial Office Advisory Board on Hygiene and Tropical Medicine. He now lives in retirement in Folkestone.

The President for the session 1924-25 was Air Commodore David Munro, and the Hon. Secretary again Major G. S. Parkinson.

At a Council Meeting held on October 24th, 1924, the County Survey was again discussed. Prof. Kenwood proposed that the report should be shortened as it would then be easier to obtain the necessary information from a busy M.O.H. It was agreed that the survey should consist of a map and two attached sheets and that the map should

in addition to the locations mentioned on the sheets show the position of : smallpox hospitals, steam disinfectors, public baths, sewage works, county laboratories and V.D. clinics.

At the Annual General Meeting which followed, the outgoing President welcomed Air Commodore Munro and reviewed the work of the past year. In his speech he deplored recent poor attendances at meetings. Here we have the first mention of the lack of support which eventually led to the closing down of the Group.

A Council Meeting was held on March 27th, 1925, at which the President read letters from the Admiralty, War Office and Air Ministry. These letters were all of a very favourable nature and stated that surveys of the counties of England, Scotland and Wales prepared on the lines of the County Survey of Bedfordshire would prove to be valuable in case of a national emergency. The Hon. Secretary was therefore asked to write to the Executive Secretary of the Society of Medical Officers of Health, which he accordingly did. The letter read as follows :—

April 1st, 1925.

"Dear Sir,

At a Committee Meeting of the Naval, Military and Air Force Hygiene Group held on March 27th, the following resolution was adopted :—

'That the Hon. Secretary of this Group be empowered to write to the Executive Secretary requesting that the General Council of the Society of Medical Officers of Health be approached with a view to obtaining surveys of the various counties of England and Wales on the same lines as that of the County of Bedfordshire if they concur with this resolution, and that the Scottish Board of Health and the corresponding body in the Northern Counties of Ireland be included in any such scheme as they may sanction.'

It is further pointed out that in the preparation of surveys several copies of each county will be required for the various branches of the Admiralty, War Office and Air Ministry.

Yours sincerely,

(signed) G. S. PARKINSON,  
Hon. Secretary."

The Annual General Meeting of the Group was held at the Royal Army Medical College on July 2nd, 1925. At this meeting Surgeon-Commander Shaw was elected President for the forthcoming session and Major Parkinson was again elected Hon. Secretary.

David Munro was born at Boreham Wood, near Elstree, on June 23rd, 1878, the 12th child of his family. He entered St. Andrew's University at the age of 14 and there obtained his M.A. degree. He then went to Edinburgh to study medicine and qualified M.B., Ch.B., in 1901. He immediately entered the I.M.S. and served in India until 1914, having taken his F.R.C.S. (Edin.) in 1911. After the outbreak of the 1914-18 war he served with Indian troops in France and later in Mesopotamia. In 1918 he was transferred to Egypt as Surgical Specialist of the 23rd Indian General Hospital but was later made D.A.D.M.S. Indian troops in Palestine.

In 1919, Colonel Mathew Fell, to whom had been given the task of creating the medical service of the R.A.F., offered him the post of the first P.M.O., India. This he accepted after having had some difficulty in transferring from the I.M.S. to the R.A.F. Two years later, when Fell became D.G.A.M.S., he succeeded him as D.G.R.A.F. Medical Service and held this position for nine years until 1930, being made Air Vice-Marshal in 1925. He retired at the age of 52. He was made a C.I.E. in 1917, C.B. in 1924, and K.C.B. in 1930. He was a K.H.S. from 1925-30. On his retirement he began life anew, being appointed Secretary of the Industrial Health Research Board of the M.R.C. He held this post for 12 years until 1942. From 1940-43 he was also Chief Medical Officer of the Ministry of Supply and Medical Adviser to that Ministry from 1943 onwards.

He was Rector of St. Andrew's University from 1938-46 and was made an LL.D. of that University. He was also Vice-Chairman of the Board of Management of the London School of Hygiene and Tropical Medicine from 1944-46 and Master of the Worshipful Company of Skinners in the year 1942-43.

In addition to his great gifts as an administrator, Munro was a keen sportsman. He hunted, and played polo for the R.A.F. and also played golf for the R.A.F., as he was a scratch golfer. He was made Chairman of No. 1365 A.T.C. Squadron in 1950, and at the age of 72 he took up gliding with the utmost enthusiasm. He died on November 8th, 1952, aged 74.

In welcoming Surgeon-Commander Shaw to the Presidential Chair at a meeting held on October 23rd, 1925, Air Vice-Marshal Munro stressed the importance of increasing the Group's membership.

On December 15th, 1925, the Group sent a telegram of congratulation to Lieut.-Colonel Lelean on being appointed to the Chair of Hygiene at Edinburgh University.

In June, 1926, poor attendances at meetings were again the subject of strictures from the Presidential Chair.

The last meeting of the 1925-26 session was held on July 27th, 1926, when Lieut.-Colonel J. Howard Jones was elected President for the forthcoming year and Major G. S. Parkinson Hon. Secretary.

Thomas Brown Shaw was born in 1879 at Kircubbin, Co. Down, and was educated at Campbell College, Belfast, and Edinburgh University, where he graduated M.B., Ch.B., with honours in 1901, being Allan Fellow in Clinical Medicine and Surgery. He entered the Navy in the same year gaining first place in his entrance examination and took part in the Somaliland Campaign of 1904. From 1910-13 he was V.D. Specialist and Assistant to the Lecturer in Naval Hygiene at Haslar Hospital. Here he was the first person to use "606" in the Navy, in 1910. He served in the North Sea during the 1914-18 war and was present at the Battle of Heligoland Bight. He was Fleet Medical Officer of the Africa Station from 1919-21 and Professor of Hygiene and Director of Medical Studies, Royal Naval Medical School, Greenwich, from 1923-29. He was promoted Surgeon-Commander in 1915, Surgeon-Captain in 1926, and Surgeon-Rear-Admiral in 1934. He wrote many articles on V.D. and the prevention of disease in the Navy and in 1929 the Oxford University Press published his text-book *Naval Hygiene*. He was a member of the British Social Hygiene Council, the Royal Society of Tropical Medicine, a member of the War Section of the Royal Society of Medicine and served on the Committee appointed in 1926-27 to report on tuberculosis in the Services. He now lives in retirement at Lee-on-Solent.

During the 1926-27 session two papers of considerable interest were presented to the Group. The first was by Dr. G. Quin Lennane on "The Unification of the Civil and Military Health Services"—a subject which has often occupied the thoughts of many and which again came to the fore for a time during the recent war. The second was Lieut.-Colonel Howard Jones's Presidential Address entitled "Hygiene in the Merchant Service" (January 27th, 1927). This paper had repercussions which led to improvements being made in living conditions in the Merchant Navy.

At a meeting held in July, 1927, Major-General Barrow was elected President and Major G. S. Parkinson Hon. Secretary for the forthcoming session.

John Howard-Jones was born in Wales at Newcastle Emlyn in 1866, one of a family of 14, most of whom entered the Church or the medical profession. He went to school at Swansea and thence to Edinburgh University where he took his M.B., C.M., in 1890, his B.Sc. in 1892, his D.Sc. in Public Health in 1893, and his M.D. in 1899.

After being Assistant Demonstrator in Pathology at Edinburgh, and later Assistant Surgeon to the Dowlais Iron Company, he became M.O.H. and Port Medical Officer of Newport in 1899, holding this appointment until his retirement in 1932. He was a pioneer worker for improved standards of living for merchant seamen and at the International Conference of Hygiene at Antwerp in 1913 he read a most important paper entitled "The Necessity for an International Standard of Hygiene for Crews' Quarters." His constant championship of the welfare of seamen bore fruit and remains a permanent memorial to his efforts.

He commanded a Welsh Field Ambulance during the 1914-18 war and was later awarded the T.D. He was President of the Society of Medical Officers of Health in 1928-29, an examiner of the R.S.I., and was on a number of B.M.A. Committees. Even after he retired he remained active, voyaging as a ship's surgeon, and during the last war he released a colleague for active service, taking his place as Medical Officer to the Newport Shipping Federation. He died on April 12th, 1952, in his 87th year.

Only three general meetings were held during the 1927-28 session. At the Annual General Meeting on November 8th, 1928, Surgeon-Commander S. F. Dudley was elected President and Major G. S. Parkinson Hon. Secretary for the forthcoming session.

Harold Percy Walter Barrow was born on June 30th, 1876, in Madras, the son of three generations of doctors, his father and

grandfather having been in the Service and his great-grandfather in practice in London. His grandfather was Inspector-General of Hospitals in 1901. He was educated at Bedford Modern School and at Guy's Hospital from which he obtained the Conjoint Diploma in 1898. He gained the D.T.M. of Liverpool in 1908 and the Cambridge D.P.H. in 1909. He entered the Corps in 1898, gained first place at Netley and became a specialist in Pathology in 1907. He was adjutant to the Volunteers and T.F. from 1907-10 and from 1910-14 was Sanitary Officer to the British Troops in the West Indies, a post which brought him in contact with the famous Dr. Gorgas. From 1914-16 he was D.A.D.G. at the War Office and in 1916 went to France as Sanitary Officer 2nd Army, later becoming A.D.M.S. of the 17th Division. In 1919 he went to India where he became the first Director of Hygiene and Pathology from 1919-22 and D.D.M.S. Rawalpindi District 1922-23. In 1923 he returned to England to become D.D.M.S. Western Command, and from 1924-30 he was at the War Office as Director of Hygiene.

After his retirement in 1930 he went to the West Indies as Health Officer of Antigua and the Leeward Islands where he became a member of the Executive Council of the Leeward Islands. In 1936 he returned to London, becoming successively a Lecturer in A.R.P. for the Home Office, Assistant to the M.O.H. of the City of London and a Commissioner of the Royal Hospital, Chelsea. During his service he was a member of many Committees and was on the Board of Management of the London School of Hygiene and Tropical Medicine. In the South African War he was awarded the Queen's and King's Medals and five clasps. He was made a C.M.G. in 1916, an O.B.E. in 1918, and gained the D.S.O. in 1917. He was made a C.B. in 1927, was an Honorary Surgeon to the Viceroy of India 1919-23, and K.H.S. 1926-30. He was Colonel-Commandant of the Corps from 1941-46. His appointment as Colonel-Commandant took place 100 years after his grandfather had joined the Army as an Assistant Surgeon. He now lives in retirement at Brockenhurst, Hants.

The archives of the Group record only three meetings during the 1928-29 session at one of which the Presidential Address by S. F. Dudley, entitled "Herds and Individuals," was given.

At the Annual General Meeting held on November 8th, 1929, Wing-Commander Grant was elected President and Lieut.-Colonel G. S. Parkinson Hon. Secretary.

Sheldon Francis Dudley was born of Irish parents in Lisbon on August 16th, 1884. He was educated at the Merchant Taylors' School and St. Thomas's Hospital and entered the Royal Navy in 1906. He first served in the Mediterranean, China and Home Fleets, and when the 1914-18 war broke out he was Pathologist and Venereologist at the R.N. Hospital, Chatham. He later became P.M.O. of the R.N.A.S. at Dunkirk and of the hospital ship *Agadir*. Between the wars he was pathologist at Haslar and at the R.N. Medical School, Greenwich. Later he again saw service in the Mediterranean and New Zealand stations, and on his promotion to Surgeon-Captain was appointed Director of Medical Studies and Professor of Naval Hygiene at the Medical School, Greenwich. When he became Surgeon Rear-Admiral in 1935 he was at first Deputy M.D.G. and then Medical Officer in charge, R.N. Hospital, Chatham, until July, 1941, when he was made M.D.G. and promoted Surgeon Vice-Admiral.

A person of great versatility, his chief interest was epidemiology as approached from the aspects of bacteriology and biology, but in addition he was well versed in venereology, general medicine, hygiene, aviation medicine, pathology and tropical medicine. His publications covered a wide variety of subjects and gained for him many marks of recognition, including the Gilbert Blane Gold Medal, the Chadwick Gold Medal, the Duncan Gold Medal and the Milroy Lectureship. The seal was set upon his scientific achievements by his election to the Fellowship of the Royal Society in 1941. He is an M.D. and F.R.C.P. of London, an F.R.C.S. of Edinburgh, and holds the D.P.H. and D.T.M. He was made an Honorary LL.D. of Edinburgh on May 22nd, 1953, after delivering the Lind Oration. He received the O.B.E. in 1919, the C.B. in 1940, and K.C.B. in 1942. He is also a Commander of the Legion of Honour. He has served on many scientific and administrative committees and was largely responsible for the formation of the Royal Naval Personnel Research Committee of which he is Deputy Chairman. He now lives in retirement at Leamington Spa.

Again only three papers were read during the 1929-30 session and with a meeting held on May 29th, 1931, the records of the Group for the period 1920-30 came to an end.

Andrew Grant was born in 1890 and received his medical education at Edinburgh University where he qualified in 1913.

He obtained the D.P.H. (Cantab.) in 1918. He served in the First World War, was mentioned in despatches and was awarded the M.B.E. From 1937-42 he was Deputy Director-General of the Medical Services at the Air Ministry, P.M.O. Bomber Command, from 1942-44, and P.M.O. Air Command South-East Asia in 1945. In 1946 he became Director-General of Medical Services, R.A.F., and was made Air Marshal, retiring from the Directorate in 1948. He was appointed C.B.E. in 1942, K.H.S. from 1942-48, C.B. in 1945, and K.B.E. in 1946. He is a Knight of the Order of St. John and President of the British Red Cross Society's Division in Eastbourne, where he now lives.

### Long-lived Presidents

At this juncture it may be of interest to consider in more detail some of the facts already presented. In its first phase the Group had 10 Presidents, five of whom are still alive. Their respective ages were, and are, 83, 66, 69, 90, 74, 74, 87, 77, 69 and 63, a record of longevity which I hope will be emulated by the Presidents of the second phase. Four were Scotsmen, three were Englishmen, two were Irish and one was Welsh. No less than seven out of the 10 qualified at Edinburgh, the remaining three having had the Middlesex, Guy's and St. Thomas's as their medical schools. In view of the rotation which is the custom with us at present regarding the Presidential Chair, it is interesting to note that all the Presidents with the exception of Prof. Kenwood and Lieut.-Colonel Howard-Jones were actually serving officers in one of the three services. The two latter were Presidents of the Society of Medical Officers of Health.

The first Hon. Secretary was Major W. N. W. Kennedy and in 1921 he was succeeded by Captain S. H. Daukes who, in 1922, was succeeded by Flight-Lieut. J. Hutchinson Wood. In 1923 Major—later Lieut.-Colonel—G. S. Parkinson became Hon. Secretary and remained as Group Secretary until 1930 when the Group faded out of existence. As Brigadier G. S. Parkinson he became the first President of the revived Group.

### Policy

And now from personalities to policy. It will be remembered that the object of the Group was "to increase the liaison between officers of the Regular and Territorial Forces and Civil Medical Officers, all of whose duties were directed towards the improvement of public health."

We have seen that this general aim was enthusiastically pursued by the Group in the early 1920s. The health propaganda committee published an admirable report but it is impossible to find from the records if it was circulated outside the Group or what ultimately became of it. The County Survey was a project of tremendous importance but unfortunately nothing can be discovered regarding its fate after the letter written by the Hon. Secretary to the parent Society in 1925. I have studied the minutes of Council Meetings of the Society from May, 1925, to December, 1926, and can find no record that the letter in question was ever even received. This matter remains, to me at least, an insoluble mystery. These two undertakings alone indicate the responsible manner in which the Group approached its obligations. Had the pilot survey of Bedfordshire been generally followed by similar surveys of other counties the Army and the R.A.F. might have had invaluable information available when, in the late 1930s, expansion took place and new army camps and R.A.F. stations were being sited and built all over the U.K.

Thus the records show that the Group began as a powerful and influential body which, sadly, was allowed to lapse through ultimate apathy and indifference.

### The Group Revived

In November, 1946, a revival of the Group was initiated by Colonel Michael Critchley—now Professor of Public Health at Baghdad. A preliminary meeting was held in December, 1946, at which it was agreed to seek the Society's approval for the rebirth of the Group. Brigadier G. S. Parkinson was elected President and Lieut.-Colonel H. D.

Chalke the Hon. Secretary. At the first official meeting of the reconstituted Group held in February, 1947, it was agreed to form a Group Council composed of the President, Hon. Secretary and one representative each of the Naval Army and Air Force medical services, the R.N.V.R., T.A., and R.A.F.V.R., and two from the civilian public health service. The Council was charged with the task of drawing up the constitution of the Group. The constitution and aims of the new Group were, to all intents and purposes, the same as those of the original Group.

These proposals were ratified at the second meeting of the Group held on April 25th, 1947.

The Annual General Meeting was held on June 28th, 1947, when the Group were the guests at Mytchett of Colonel T. Young, Commandant of the Army School of Hygiene. At this meeting it was agreed to hold an annual dinner, this being the first time in the Group's history that this was proposed. Brigadier Richmond was elected President for the session 1947-48 and Lieut.-Colonel Chalke was once more elected Hon. Secretary and Treasurer.

I now come to the melancholy task of referring to the death of our first President of the second phase, George Singleton Parkinson. You will all have read references to him and his career in the medical and lay Press, so I will confine myself to speaking of the man as I knew him.

We first met in Sicily in the autumn of 1943 and later went to the Italian mainland. For two years we worked together in the closest cooperation; for a long time we both occupied the same office. "Parky" was a good chief, generous in his encouragement of those who worked satisfactorily, but not slow to rebuke slackness. However, he never harboured animosity and a rebuke once given was forgotten. His manner was urbane and genial, but behind this was a keen intelligence. He was a great diplomat, a quality which was respected and appreciated by all the Italian Government officials who came in contact with him. As was inevitable, he received innumerable pleas for preferential treatment in the reconstruction, in all its aspects, of a shattered Italian public health service, and every plea was dealt with entirely on its own merits and with the utmost equity.

Heading, as he did, an organisation which was composed of American as well as British officers, he was careful to see that the Americans should never feel that he had a pro-British bias. I can safely say that, if it were possible, his American colleagues and officers felt an even greater devotion and respect for him than did the British. He was a great ambassador for England.

As all the other Presidents of the Group's second phase of activity are happily with us, their activities are so well known, and some may even be attending this meeting, it is not proposed to embarrass them by relating their life stories as was done with the previous Presidents.

At a Group Committee Meeting held on October 3rd, 1947, it was decided that the title of the Group was rather cumbersome and it was agreed to recommend to the Society that this title should be changed to that of "The Services Hygiene Group."

The first of the annual dinners of the Group, which have proved to be such a success, was held on January 30th, 1948, in Stewart's Restaurant, Regent Street. The attendance numbered approximately 70.

On April 2nd, 1948, the first of the revived meetings at the Royal Army Medical College, Millbank, took place. These, which were first instituted in April, 1921, have become an annual event in the Group's yearly programme. I should here like to pay tribute to successive Commandants for their kindness in inviting us to the College every year and to the Directors of Hygiene and Army Health and their staffs for the beautiful and interesting demonstrations which are yearly prepared with great care and forethought.

At the Annual General Meeting held on July 23rd, 1948, Lieut.-Colonel H. D. Chalke was elected President for the



session 1948-49. At a subsequent Council meeting the question of holding provincial meetings was discussed but doubt was expressed as to whether the Group would have sufficient members in or around different provincial centres to make such meetings successful.

In November, 1948, it was reported to the Group Council that as membership had exceeded 200, the Group was entitled to two representatives on the Council of the parent Society. During this session a number of meetings were held and the Group also visited the Peckham Health Centre, and Portsmouth, where an interesting programme of visits to H.M. ships was arranged by Surgeon-Captain McRorie.

The Annual Dinner was again held at the Quadrant Restaurant and once more proved a success. At this dinner the oldest member of the Group, Major R. W. H. Jackson, was present. Major Jackson had served in the Afriki Campaign, the Boer War, World War I, and in World War II had gone to sea as a medical officer in the Merchant Navy. Unfortunately, Major Jackson died about six months later. At this dinner it was decided that a photograph of the Company should be kept for the Group records and this practice has obtained ever since.

For the session 1949-50 Air Commodore J. M. Kilpatrick was elected President. The Annual Dinner was again held in the Quadrant Restaurant. Visits were paid to London Airport and the Cow and Gate Factories at Wincanton.

For the session 1950-51 Dr. F. A. Belam was elected President. It was also formally decided by the Group Council that the Presidency should alternate every year between officers on the active list of regular services and those who did not fall into that category. The Annual General Meeting also approved the proposal of the Council that the title of the Group should be altered to "The Services Group"—the word "Hygiene" being considered redundant as the Group belonged to the Society of Medical Officers of Health.

In this connection one might well mention the remarks of Dr. W. G. Clark, President of the Society, in his speech at the Annual Dinner of the Group in 1952. Speaking about the gradual curtailment of the Group's title from the original "Naval, Army and Air Force Hygiene Group" to its present name of "The Services Group," he suggested that, if this went on, we might in a few years be known very briefly as "THE Group." Many enthusiastic members present heartily endorsed this opinion.

During 1950-51, in addition to the customary meetings and the usual demonstrations held at Millbank, the Group held a cocktail party and dinner at the annual R.S.I. meeting. The cocktail party was so successful that it was decided to hold it in subsequent years but attendance at the dinner was disappointing. The Annual Dinner that session was held at Simpsons-in-the-Strand.

Surgeon-Captain D. Duncan was elected President for the session 1951-52. The Annual Dinner was again held at Simpsons-in-the-Strand. It was decided this year to hold, as an experiment, a provincial meeting in Birmingham in May. The arrangements for this meeting were in the hands of Dr. W. R. Martine. It is much to be regretted that the admirable arrangements and programme made by Dr. Martine and the hard work he had put into the planning for this meeting were rewarded by a very meagre attendance and, in addition, that most of those who attended came from London and not from the provinces. The experience gained here has made the Group Council rather wary of considering any further provincial meetings.

Major-General T. Young was President for the year 1952-53. Three highlights deserve mention during this session. The first was that the Annual Dinner was held for the first time in the R.A.M.C. Headquarters Mess at Millbank, with the R.A.M.C. string orchestra in attendance. This event, due both to General Young's presidency and the friendly interest of the Commandant, General Mollan, was a tremendous success and was so much appreciated by members that many requests were made for its continuance. The second was the increasing popularity of the Services Group Cocktail Party at the R.S.I. Congress, which is

beginning to be recognised as a definite feature of this gathering. The third was an organised trip down the river with a visit to the Royal Group of Docks to which members could invite their ladies. The ladies were loud in their praises of this arrangement and expressed the wish that a similar type of entertainment might be organised each year.

### The Future

It will be seen, therefore, that since the last War, the Group has been a virile and thriving body. It has now some 260 members and is entitled to three representatives on the parent Society. What of the future? Firstly, I feel that, as the years pass, the civilian representatives must of necessity decrease. Those members who served from 1939-45 and who are now holding civil M.O.H. appointments will, as natural laws assert themselves, gradually fall out. I can only hope that we may find recruits amongst younger men who have done their National Service and subsequently enter the Public Health Service. I would commend to the present M.O.H.s and Industrial M.O.s who belong to the Group that they should seek out such men as are on their staffs and encourage them to join our Group. Failing that, the onus must fall increasingly on regular service members and these have given us magnificent support, especially the Army, which, by reason of its organisation, is the service most adapted to the production of fresh recruits.

I must admit that as far as concerns our Group, I personally was disappointed at the rejection last autumn of the proposed new title for the Society of that of Preventive Medicine. As the unit medical officer—in whatever service he may be—is the spearhead in the battle of preventive medicine, I certainly thought that the adoption of a new title would have opened for us, at least, fresh gates to profitable fields for recruitment. However, it was not to be.

I would here like to plead that a lesson learnt in the last war should not be forgotten. That lesson is "Get to know your opposite number," in fact "Get to know as many opposite numbers as you can." It is important in peacetime but trebly so in wartime, though Heaven forbid that we should see another war. If one is in trouble and difficulties, how much easier it is to ring up a friend with whom, perhaps, one had a chat last week, and say, "I wonder, Frank, if you could possibly lend me two medical officers for 48 hours?" or, "Look here, George, I'm out of bandages. Could you let me have 500 until my last indent comes through?" If you know your man, your request will at least receive reasonable consideration and if you get a rebuff, it will be couched in friendly terms (we hope). Imagine the reactions of Frank or George if a similar request on paper (which might not reach him to begin with for three or four days) came from a complete stranger.

Some people may think that "swanning around," visiting and getting to know people at your own level in your own, and most important, in the other Services is a criminal waste of time. I don't agree. If it is done with a due sense of responsibility it pays many dividends. More has been achieved on the "old boy" basis than on any other. When I speak of the other services I most emphatically include the civilian service. What could be of greater assistance to a unit, be it a division, a battalion, a squadron or one of H.M. ships, when it moves to a new station than that the A.D.M.S., the R.M.O., the Squadron M.O. or the S.M.O. should call on the M.O.H. or the Port M.O., invite him to the Mess and consult him on local problems. And how rarely it was done during the last war.

That is one of the great advantages of our Group. It gives an opportunity for members of all the services to meet and to get to know each other. I ask the senior members of the Group to keep this lesson in the forefront of their minds and to preach the doctrine of friendly cooperation to their juniors.

You have heard a history of the Group, its tradition and its giants. It is a history to be proud of and a tradition to foster. Let us all work together to see that the Group does not fail again from that indifference which overtook it in 1930.

# HEALTH EDUCATION—CANCER\*

By R. N. CURNOW, M.B., B.S., D.P.H.  
County Medical Officer of Health, Cornwall

Propaganda in favour of the early treatment of cancer depends upon the theory that patients who attend early for treatment are in such an early stage of the disease that treatment offers a very good prospect of cure. "Life Saving," says a pamphlet<sup>1</sup> quoted with approval by Malcolm Donaldson—"Study these facts in cancer of the breast. Eighty out of 100 can be cured when the patients are treated whilst the disease is in an early stage; when in the late stage, only 12 out of 100. It is perhaps a little depressing to see that there is a mortality rate of 20% in spite of our promise to those who come early for treatment. The differences in the two mortality rates are no doubt sufficient justification for our propaganda.

It is obvious that patients who come for treatment in Stage IV of the disease must at some time have been in Stage I, so that the theory underlying this propaganda depends upon a simple syllogism:—

Those who come early for treatment are in an early stage of the disease.

Those in an early stage of the disease can be cured.

Therefore those who come early for treatment can be cured.

If this is true, it should be possible to show that the length of history of symptoms before seeking treatment varies directly with the mortality rate—the longer the history, the greater the number of deaths within, say, a five-year period. In other words, it should be possible to cut out all reference to the stage of the disease and relate the length of history to the mortality rate.

A considerable amount of information on this is available in Harnett's "Survey of Cancer in London"<sup>2</sup> which reviews the history of some 15,000 cases of cancer of various sites. On page 495 you will find a section dealing with cancer of the breast, showing the five-year results of radical mastectomy, classified according to the duration of symptoms. It shows that those treated by radical mastectomy, and having less than six months' symptoms before treatment, had a survival rate of 50%, whereas those with over six months' history had a survival rate of 36%. The difference in percentage is said to be statistically significant, but I must say that it is not very striking evidence of the value of early treatment. In the case of those with radical mastectomy and radiotherapy, the corresponding percentage survival figures are 41% and 45.6%. The difference in percentage is said to be not statistically significant, but the figures are, nevertheless, surprising in that there is clearly no advantage shown to those who came under treatment in the shorter period. In the case of other forms of accessible cancer, the position is even more disappointing. In cancer of the lip (page 166), the mouth (page 189), the tongue (page 214), the cervix uteri (page 543), and the skin (page 626), there is no statistical significance between the survival rate of those who came for treatment with less than six months' history of symptoms and those with a longer history.

Other recent publications show the same lack of favourable relationship between shortness of history and survival rate. Swynnerton and Truelove<sup>3</sup> published the surprising Table I in connection with the three-year survival rate of patients with carcinoma of the stomach.

Douglas Harmer<sup>4</sup> published Table II showing the relationship between the length of history and the 3-year survival rate of cancer of the larynx.

Something seems to have gone wrong with our simple syllogism and it is necessary to examine it again.

There is no doubt that those coming for treatment in an early stage of the disease have a better prognosis than those coming in the later stages, and to that extent the second premise is valid. It is, I think, going a little too far to say that those coming for treatment in the early stage can indeed

TABLE I  
THREE-YEAR SURVIVAL FIGURES

| Length of history       | No. of cases | No. alive | Percentage |
|-------------------------|--------------|-----------|------------|
| Less than six months... | 26           | 2         | 7.7        |
| Six months to two years | 22           | 8         | 36.4       |
| Over two years          | 24           | 13        | 54.2       |

TABLE II  
LENGTH OF HISTORY

|                      | Months |    |    |    | Years |    |   |   |   |   |    |    |
|----------------------|--------|----|----|----|-------|----|---|---|---|---|----|----|
|                      | 3      | 3  | 6  | 9  | 1     | 2  | 3 | 4 | 5 | 7 | 10 | 15 |
| No. of cases         | 2      | 19 | 15 | 11 | 11    | 16 | 6 | 4 | 1 | 2 | 1  | 1  |
| Three-year survivals | 0      | 11 | 6  | 5  | 5     | 7  | 2 | 2 | 0 | 0 | 0  | 1  |

be cured, but their outlook is undoubtedly better than those coming in the later stages. The fallacy seems to lie principally in the first premise—that those who come early for treatment are in an early stage of the disease. Russ<sup>5</sup> has produced an interesting analysis of 695 cases of cancer of the cervix uteri, from which he derives Table III.

TABLE III

| Duration of symptoms before treatment | Stage I |      | Stage II |      | Stage III |      | Stage IV |      |
|---------------------------------------|---------|------|----------|------|-----------|------|----------|------|
|                                       | Alive   | Dead | Alive    | Dead | Alive     | Dead | Alive    | Dead |
| 1 to 3 months                         | 32      | 42   | 46       | 82   | 19        | 69   | 2        | 25   |
| 3 to 6 "                              | 14      | 12   | 15       | 46   | 5         | 41   | —        | 14   |
| 6 to 12 "                             | 12      | 10   | 14       | 31   | 5         | 26   | 1        | 5    |
| Over 12 "                             | 8       | 5    | 8        | 23   | 1         | 25   | 1        | 10   |
| Not known                             | 6       | 8    | 5        | 17   | —         | 9    | —        | 1    |
| Totals                                | 72      | 77   | 88       | 199  | 30        | 170  | 4        | 55   |
| Five-year survivals                   | 48.3%   |      | 30.5%    |      | 15%       |      | 7%       |      |

This table shows immediately where we have gone wrong. The wise patients who came for treatment within three months of the onset of symptoms were by no means all in Stage I of the disease; in fact, only a minority of them were in Stage I—far greater numbers having already progressed to Stages II and III. Looking at it in another way, it is obvious that the patients in Stage I of the disease were not only those with a very short history, but included a number of foolish patients who had delayed over 12 months before seeking treatment, but who were still fortunate enough to be in Stage I in spite of the delay. Those 13 patients with a history of over 12 months, but still in Stage I of the disease, must surely have had a cancer of very low malignancy; the 27 wise patients who had sought treatment within three months but nevertheless were already in Stage IV of the disease, must have had cancers of unusually high malignancy. By converting the five-year survival rate at each stage at each length of history into percentage rates, Table IV is obtained.

TABLE IV  
PERCENTAGE ALIVE AFTER FIVE YEARS

| Duration of symptoms before treatment | Stages |    |     |    |
|---------------------------------------|--------|----|-----|----|
|                                       | I      | II | III | IV |
| 1 to 3 months                         | 43     | 36 | 22  | 7  |
| 3 to 6 "                              | 54     | 25 | 11  | 0  |
| 6 to 12 "                             | 55     | 31 | 16  | 17 |
| Over 12 "                             | 62     | 26 | 4   | 9  |

This seems to bear out the low malignancy of the Stage I patients with over 12 months' history of symptoms, and the

\* Presidential Address to the County Medical Officers of Health Group Society of M.O.H. (and Association of County Medical Officers in England and Wales).

high malignancy of the Stage IV patients with a history of less than three months. Two important points immediately emerge from a consideration of Russ's table :—

(1) It is wrong to regard the terms "Stage I of the disease" and "Short history of symptoms" as being synonymous, just as it is wrong to regard the terms "Stage IV of the disease" and "Delay in seeking treatment" as being synonymous.

(2) The essential malignancy of the cancer seems to exercise an overwhelming effect on the prognosis—so overwhelming, in fact, that it cannot be reversed by any modern treatment.

The effect is so striking that the prognosis in those who have delayed more than 12 months in seeking treatment and are still in Stage I is better than in those in Stage I who have sought treatment within three months of the onset of symptoms.

There is no evidence here which will justify our promising cure to those who seek treatment early, and death to those who delay. In Russ's figures, in Swynnerton and Truelove's figures, in Harnett's figures, and in Douglas Hørner's figures, the only explanation lies in the overwhelming effect of the essential malignancy of the tumour, unaltered by the results of treatment.

This unfortunately begins to throw doubt on the value of treatment as a means of prolonging life in cases of cancer.

Williams, Murley and Curwen<sup>6</sup> published a very revealing analysis of the results of conservative and radical surgery in carcinoma of the female breast. Half the cases subjected to simple surgery were treated by simple excision of the tumour. It is a little disturbing to see that the results of simple surgery are as good as those of radical surgery. They say, "all the main treatment methods analysed seem to have been equally effective in Stages I and II. It must, however, be frankly recognised that all methods of treatment may have been equally ineffective in prolonging life."

Hedley Atkins<sup>7</sup> is quoted as warning the Association of Surgeons that the claims of rival schools of therapy in the treatment of carcinoma of the breast were unlikely to differ very much. He pointed out that a large proportion of patients with this disease would be dead within three years, whatever was done. Another large group would survive five years or more in the absence of all treatment. It was only in a small fraction that, in terms of survival, it mattered what kind of treatment was given.

If our syllogism breaks down in the first premise ; if even in the cases of accessible cancers there is no demonstrable relationship between the length of history and the survival rate ; if Hedley Atkins is right in denying the life-saving quality of modern treatment in all but a small fraction of cases ; if Williams, Murley and Curwen are right in suggesting that all methods of treatment may be equally ineffective in prolonging life, what is the basis for our promise to cancer sufferers that if they come early for treatment, they will be cured ? Are our transatlantic colleagues, with their passion for brevity and clarity, right in saying, "To no small extent the doctrine of synonymy of 'early' treatment and curability should be recognised for the shibboleth which it is ?"<sup>8</sup>

#### REFERENCES

- <sup>1</sup> DONALDSON, M. (1953.) *Med. Offr.* 90, 201.
- <sup>2</sup> Survey of Cancer in London, 1952. W. L. Harnett. Brit. Emp. Cancer Campaign.
- <sup>3</sup> *Brit. Med. J.* (1952.) 1, 287.
- <sup>4</sup> ———. (1953.) 2, 735.
- <sup>5</sup> ———. (1953.) 1, 581.
- <sup>6</sup> ———. (1953.) 2, 792.
- <sup>7</sup> ———. (1953.) 2, 817.
- <sup>8</sup> MACDONALD, IAN. (1942.) *Surg. Gyn. Obstet.* 74, 75–82.

Dr. G. Clark Trotter and Mr. A. R. Horsham (R.I.P.H. & H.), Dr. G. F. McCleary and Miss I. V. Evelyn (Nat. Assoc. for Maternal and Child Welfare), Dr. J. Harley Williams (N.A.P.T.), Mr. Victor Howard (Empire Rheumatism Council), Mr. Arnold Marsh (N.S.A.S.), Dr. G. A. Noble (Cremation Society) and Miss Amy Sayle (Women Public Health Officers Association).

#### THE LATE SIR GEORGE ELLISTON

A distinguished senior Fellow of the Society, who wishes to remain anonymous, has sent us the following interesting recollections of his old friend :—

"The death of George Elliston eight years beyond the allotted span closes the last chapter in the history of the Society of Medical Officers of Health. About 40 years ago the Society was run by a barrister, Lawton by name, who had a salary, house and other emoluments in Upper Montague Street. He had six or seven cronies, medical officers of health, composing a General Purposes Committee ; he himself used to cook a delectable meal for them after Council Meetings. All the important business of the Council was referred to this Committee with power to act. Away back about 1912 I was an assistant M.O.H ; my chief went off to Egypt holding the hand of a parson brother, in whose parish a lady had the urge to pack him off, expenses paid, for a rest cure. The Public Health Committee decided to send me as deputy to the York Congress of the R.S.I., and there I met Elliston. I was watching a display of gymnastics by girls of a chocolate company when a tall, distinguished, soldierly man with a monocle standing next to me said : 'That's well worth coming all the way to York to see.' We were friends for 40 years and more.

"Some of us, Joseph of Warrington, Kerr of Newcastle, Lyster of Hampshire, Buchan of Willesden and Wheatley of Shropshire, made up our minds that Lawton must go, together with his fancy cooking, but who was to succeed him ? I thought Elliston was the man ; he ran the *Medical Officer* most efficiently, a paper which was kindly to the assistant M.O.H. and other bottom dogs. So he was delicately approached and seemed cautiously interested, particularly with the idea that the *Medical Officer* should become the weekly journal of the M.O.H. Society.

"Then, after careful preparation, we moved. Lawton, breathing threats of legal action, was evicted and the General Purposes Committee was clipped in the wing. The Society of Medical Officers of Health was reconstituted on a reasonable foundation to the surprise and misgiving of some of the old members—Hope of Liverpool, Niven of Manchester, the brothers Hill (Bostock of Warwick, Eustace of Durham), Howarth of London and the Willoughbys. A salary campaign began and achieved a large measure of success. Woe is me that the Society handed the reins to the B.M.A., but that is long ago and far away.

"George Elliston, who was above all else a keen business man, made a great success of his stewardship, well liked by all. When he advanced into politics and City affairs his son ably gathered up the mantle and, fortunately for the Society, still wears it in a true Ellistonian manner."

"Sir George Elliston was a superb strategist, a good fighter and a firm friend. Having decided where he was going, he most thoroughly explored the ground, prepared means of escape, carefully briefed his troops and at the appropriate second advanced ; he was rarely beaten. May his ashes lie for ever undisturbed." —SENEX.

A memorial service to Sir George was held at St. Dunstan-in-the-West, Fleet Street, on Friday, March 19th, 1954, Prebendary A. J. Macdonald, D.D., officiating. Amongst those present were :—

Lady Elliston, Mr. and Mrs. G. L. C. Elliston and other members of the family and relatives.

Mr. W. G. Boston (representing the Rt. Hon. the Lord Mayor of London) and other representatives of the City Corporation and officers including Dr. Charles F. White, M.O.H.

Sir Cosmo Parkinson, Sir Archibald Gray, Prof. A. Bradford Hill, Dr. G. M. Frizelle, Miss Kathleen Shaw and Mr. L. W. Blandford (London School of Hygiene and Tropical Medicine).

The President of the Society (Dr. Metcalfe Brown) was represented by Mr. S. R. Bragg and other members present were Drs. A. Anderson (Home Counties Branch), F. A. Belam, George F. Buchan, Sir John Charles (Chief Medical Officer), H. M. Cohen and Kenneth Cowan, Sir Allen Daley, Dr. F. M. Day (Metropolitan Branch), J. Duncan Dewar (Borough Medical Officers Committee), Margaret Emslie, T. P. Evans, James Fenton, A. V. Kelyack (also B.M.A.), W. R. Martine (Midland Branch), M. Mitman (Fever Hospital Group), George North (Registrar-General and Honorary Fellow, S.M.O.H.), J. A. Scott, W. G. Senior, F.D.S., A. J. Shinnie, A. B. Stewart, T. Standing and Ann Mower White (Maternity and Child Welfare Group) and Miss B. A. Scotchford (formerly on the Staff of the Society), Dr. G. S. Wilson (M.R.C.) and Dr. E. Ashworth Underwood (Wellcome Historical Medical Museum).

(Concluded at foot of left-hand column)

\* Actually, the mantle has been assumed by Dr. Frederick Hall as from April 1st, 1954.—Editor.



## THE GENERAL PRACTITIONER AND THE HEALTH VISITOR\*

The need for the closest co-operation between General Practitioners and Health Visitors is fully accepted by the Association and in conjunction with the Society of Medical Officers of Health detailed consideration has been given to the most effective means of securing this co-operation.

It is appreciated that in many areas reasonably satisfactory arrangements already exist with resultant benefit to all concerned, but it is apparent that in other areas the necessary degree of co-operation has yet to be attained.

It is the view of both bodies that harmonious relations can be established if goodwill and interest are shown by all concerned and if the following principles are accepted:—

1. Co-operation between general practitioners and the Medical Officer of Health and his staff regarding the health, care, treatment and after-care of all patients is essential.

2. The Local Health Authority has certain statutory obligations regarding the health of the community and the Health Visitor who is employed by the Local Health Authority is under the direction of the Medical Officer of Health. This, however, in no way prevents the Health Visitor from working closely with the General Practitioner and under his guidance in the care of individual patients.

3. Direct consultations should take place between General Practitioners and Health Visitors with a view to the exchange of information regarding individual patients.

4. The General Practitioner is primarily responsible for the health of the individual and the family, while the health and welfare of the family in relation to the community is a responsibility of the Medical Officer of Health and his staff. The close association of all concerned, as members of one team, is of vital importance if these responsibilities are to be adequately fulfilled.

The Association and the Society realise that to a great extent the question of co-operation is a local problem and the means by which such co-operation can be obtained are for local consideration and arrangement. It is strongly recommended that urgent consideration be given to this matter in all areas. It is only in this way that the General Practitioners, Medical Officers of Health and Health Visitors can work in partnership towards that co-operation which will ensure efficient and all-embracing care for the patient, whatever his age or state of health.

### APPENDIX

The following suggestions of some of the ways by which greater co-operation between General Practitioners and Health Visitors could be better understood and improved may be helpful:—

1. In the first place discussions to this end should take place between the Medical Officer of Health of the Local Health Authority, together with senior members of his staff, and representatives of the B.M.A. Branch or Division and the Local Medical Committee.

This is essential, for the detailed arrangements will vary, not only between Local Health Authorities but in different parts (*i.e.*, Rural and Urban), of a Local Health Authority.

Agreement on the principle of co-operation at this level should ensure full implementation elsewhere.

2. Close personal contact and exchange of information between individual General Practitioners and Health Visitors is essential. In this way both parties will understand and appreciate the other's duties and responsibilities.

In rural areas where the one individual is Home Nurse, Midwife and Health Visitor, there is usually that understanding between her and her G.P. colleagues. In urban areas, particularly in the large towns and cities, and where in most cases the Health Visitor does not act as Home Nurse or Midwife, General Practitioners do not know personally the Health Visitors working in the area.

3. Complaints have been made by General Practitioners that at times contradictory advice is given to patients by Health Visitors. It is clear that this must be avoided and here close consultation

and co-operation between General Practitioners and Health Visitors is essential.

4. In addition to their statutory duties, Health Visitors are available, at the discretion of the Medical Officer of Health, for visiting patients when requested by General Practitioners. Full consultation between the parties will result in efficient and economic use of Health Visitors.

5. Many General Practitioners are unaware of the many facilities which can be made available for their patients through the local authority health and welfare services. Some Medical Officers of Health regularly circulate all General Practitioners in their area with detailed information and it is strongly recommended that this should be done in all areas. It can be of great value to the General Practitioner to know what assistance can be provided by his Local Authority. The full use of Health Visitors would tend to obviate repeated visits on the part of the General Practitioner and would facilitate his work by securing rapid assistance through the local authority.

In all these ways the Health Visitor can supplement the Service of the General Practitioner and by working in partnership they can weld together both the clinical and preventive aspects of the service, within the existing arrangements under Parts III and IV of the National Health Service Act.

6. In certain areas a Health Visitor has been allocated by the Medical Officer of Health to work with a group of General Practitioners. This has proved to be a satisfactory arrangement, but its practicability depends on local circumstances. It is recommended that this arrangement could well be extended wherever possible.

### DIPHTHERIA PROPHYLAXIS

Ministry of Health Circular 5/54, dated February 11th, 1954, announced arrangements for the publicity campaign during this year. The Circular continued:—

The incidence of diphtheria continues to fall. Since 1944 (when records of corrected notifications were first kept) notifications have fallen from over 23,000 in that year to a new low figure of 240 (provisional) for 1953. The following are figures for deaths and notifications (corrected) for England and Wales since 1944:—

| Year | Deaths | Corrected notifications |
|------|--------|-------------------------|
| 1944 | 934    | 23,199                  |
| 1945 | 722    | 18,596                  |
| 1946 | 472    | 11,986                  |
| 1947 | 244    | 5,609                   |
| 1948 | 156    | 3,575                   |
| 1949 | 84     | 1,890                   |
| 1950 | 49     | 962                     |
| 1951 | 33     | 664                     |
| 1952 | 32     | 376                     |
| 1953 | 24*    | 240*                    |

\* Provisional

The Minister greatly appreciates all that authorities have done to achieve this remarkable progress, and feels sure that they will be encouraged to plan and sustain the campaign with renewed vigour in their areas during the present year. He hopes that particular efforts will be made in areas where there is a low percentage of immunised children under five (and requests from such areas will receive especially favourable consideration if applications for Press advertising include the percentage figure), and also where campaigns have not been undertaken before, or where publicity may have been suspended at any time during the last four years.

The number of children immunised under local authority arrangements (including those immunised by the family doctors for which records were received by the local authority) from the beginning of 1940 to the 30th June, 1953, was 10,569,796. During the first half of 1953, 270,584 children were immunised, of whom 103,123 were under one year of age.

The object of the campaign remains the same: to secure immunisation of not less than 75% of babies before their first birthday. Having regard to the birthrate during 1953, the immunisation objective for 1954 is 498,000 children under one year. Only 28% of the number of babies reaching the age of one year in 1951 were immunised; in 1952 the figure rose to 31%, but in the first half of 1953 it improved only to 31.5%. This is still a disturbingly low figure.

As elimination of this disease is conditional upon the maintenance of an adequate level of immunisation, an intensive effort will be required to secure the full benefit of the campaign. If parents leave their children unprotected there may be a return of diphtheria outbreaks, as exemplified during a recent outbreak in the Midlands, where among 78 cases there were six deaths—all of them children who had not been immunised.

\* This statement, which has been accepted by the Councils of the British Medical Association and of the Society (at its meeting of February 19th, 1954), was drawn up by a joint sub-committee of the General Medical Services and Public Health Committees of the B.M.A. as an outcome of a resolution passed at the Annual Representative Meetings, 1953.

Sustained publicity by local authorities is therefore essential if parents are to be helped to realise that diphtheria is still a deadly threat, and to be persuaded to have their children immunised. An organised system of personal persuasion in which doctors, health visitors, district nurses, staffs of welfare centres, and voluntary workers play their part is still the most powerful element in any local campaign, and will benefit from the "background" publicity afforded by the local Press advertisements, posters, cinema slides, etc., offered in the illustrated brochure referred to. Authorities are also reminded of the assistance which is available in many areas, on request, from the St. John Ambulance Brigade, the British Red Cross Society and the Women's Voluntary Services, who have many opportunities of speaking to the parents of young children in the ordinary course of their work.

This circular is being sent to all authorities because cooperation is essential between local councils and the county council as local health authority.

## SOCIETY OF MEDICAL OFFICERS OF HEALTH

### NOTICES

#### Notice of Ordinary Meeting

Notice is hereby given that an Ordinary Meeting of the Society will be held in the Committee Room of the Society, on Friday, April 9th, at 12.45 p.m., immediately after the meeting of the General Purposes Committee.

### AGENDA

1. Minutes.
2. Correspondence.
3. *Honorary Fellowship*.—Election of Sir Andrew Davidson, formerly Chief Medical Officer, Dept. of Health for Scotland, as an Honorary Fellow of the Society.
4. Election of the following as fully paid Life Members:—  
*Metropolitan Branch*.—Dr. A. J. Shinnie, O.B.E. Formerly M.O.H. City of Westminster. Joined the Society in 1916.  
Major-General Thomas Young, R.A.M.C., C.B., O.B.E. Formerly Director of Army Health. Joined the Society in 1924.  
*East Anglian Branch*.—Dr. W. B. Christopherson. Formerly Chest Physician East Anglian R.H.B. Joined the Society in 1918.  
*Yorkshire Branch*.—Dr. N. Gebbie. Formerly M.O.H. Hull C.B. Joined the Society in 1920.  
*Southern Branch*.—Dr. W. Simpson. Formerly A.M.O. Hampshire C.C. Joined the Society in 1921.
5. Election of Fellows and Associates (list of candidates inserted in this issue of PUBLIC HEALTH).
6. Nominations of candidates for election.
7. Any other business.

S. R. BRAGG,

Administrative Officer.

March 31st, 1954.

### TUBERCULOSIS GROUP

*President*: Dr. J. Wood Wilson (Dep. C.M.O.H., West Riding, Yorks).

The annual meeting of the Group will be held in the Committee Room of the Society on Friday, May 21st, 1954, at 12 noon, when business will include the election of officers for the session 1954-55, and the Honorary Secretary will report upon the work of the Group Committee during the past year, an outline of which is appended.

#### Group Committee's Report for the Session, 1953-54

Ministry of Health Circular 7/52 (Occupational Resettlement of Tuberculous Persons) was the subject of a detailed report to Council (which commented on the difficulties and risks encountered in the return of infectious cases of tuberculosis into open industry).

Protected employment and hostel accommodation for permanently disabled cases of tuberculosis was also the subject of a report to Council.

These memoranda have been examined by the Committee which is considering evidence to be placed before the Joint Committee on the Rehabilitation of Disabled Persons.

Representations were made concerning the composition of the Tuberculosis Standing Advisory Committee, the non-notification of deaths from tuberculosis, the future administration of the chest clinic, and the employment of nurses in Mantoux testing and B.C.G. vaccination.

J. G. S. MACQUEEN,

Hon. Secretary.

Chest Clinic,  
Battersea, S.W.

### REPORTS

#### ORDINARY MEETING

An Ordinary Meeting of the Society was held in the B.M.A. Council Room, B.M.A. House, Tavistock Square, London, W.C.1, on Friday, February 19th, at 12.45 p.m.

*Minutes*.—The minutes of the Ordinary Meeting, held on September 17th, were confirmed and signed by the President.

*Elections*.—The following candidates, having been duly proposed and seconded, were then elected to membership: Drs. E. E. Brown, P. G. Cannon, J. L. Cotton, J. W. Doupe, J. McInnes Dixon, N. E. Gordon, M. R. Macleod, J. B. Mole, W. A. Pollitt, R. M. Piggot, L. G. Samuel, M. E. Seaton, S. E. Sherrard, H. J. Twomey, C. M. Wylie, L. M. Rozner, J. McHugh.

*Life Membership*.—The following were elected fully paid life members of the Society on the nomination of the Council and of their Branches: Drs. G. H. Dart, H. C. Jennings, L. Wilson Evans.

Several nominations for the next election were reported and the meeting then terminated.

#### COUNCIL MEETING

The Second Meeting of the Council for the Session 1953/54 was held in the Council Room of the British Medical Association, Tavistock House, Tavistock Square, on Friday, February 19th, 1954, at 10 a.m.

*Present*.—Dr. J. M. Gibson (in the Chair), Dr. C. Metcalfe Brown (President), Drs. A. Anderson, C. W. Anderson, F. A. Belam, R. T. Bevan, Prof. C. Fraser Brockington, Drs. F. G. Brown, G. F. Buchan, J. S. G. Burnett, H. D. Chalke, Sir John Charles, Drs. T. M. Clayton, H. M. Cohen, H. K. Cowan, C. K. Cullen, Sir Allen Daley, F. M. Day, R. H. G. H. Denham, W. G. Evans, Miriam Florentin, G. M. Frizelle, F. Gray, A. S. Hebblethwaite, C. Herington, J. H. Hudson, J. B. McKinney, John Maddison, Maurice Mitman, A. A. E. Newth, G. H. Pringle, Surg.-Captain R. L. C. Proctor, A. G. Reekie, Brig. A. E. Richmond, J. Riddell, T. Ruddock West, N. L. Settle, J. F. A. Smyth, L.D.S., J. A. Stirling, F. R. Waldron, E. J. Gordon Wallace, Elspeth M. Warwick, Nora I. Wattie, Ann Mower White, Prof. G. S. Wilson, Drs. W. Woolley and J. Yule. Drs. W. H. Bradley and A. V. Kelnack were also present.

*Apologies for Absence* were received from Drs. W. R. Martine, Hugh Paul, Andrew Topping, W. S. Walton, and H. C. Maurice Williams.

64. *Honours to Members of the Society*.—The members of the Council noted with pleasure the bestowal in the New Year's Honours List of the C.B.E. on Dr. W. G. Clark and Prof. Thomas Ferguson, and the O.B.E. on Dr. D. H. Geffen. It was reported that letters of congratulation had been sent on behalf of the Society.

65. *Membership of Council*.—(a) It was reported that Surg.-Captain R. L. C. Proctor had been appointed one of the Services Group representatives in the place of Major-General T. Young, who had retired.

(b) A welcome was extended to the following new members of the Council, who were present for the first time: Drs. J. Riddell, W. G. Evans, Surg.-Captain R. L. C. Proctor.

66. *Minutes of the Last Meeting*, held on Friday, October 23rd (PUBLIC HEALTH, December, 1953) were confirmed and signed by the Chairman.

67. *Whitley Medical Functional Council*.—Dr. Kelnack reported verbally on the discussions at the meetings of the Staff Side and the full Committee "C."

68. *Dentists' Salaries*.—Mr. J. F. A. Smyth reported the results of the recent hearing by the Industrial Court of a claim for an improvement in the salary scales paid to Dental Officers in the Public Health Service.

69. *Health Visitors (Min. 8)*.

(a) *Training of Health Visitors Sub-committee*.—Dr. Nora Wattie reported that a further meeting of the Sub-committee had been held and that it would continue its discussions at a meeting to be held in March.

(b) *Co-operation with General Practitioners*.—A letter, dated January 15th, from the British Medical Association, enclosed a draft document entitled "The General Practitioner and the Health Visitor" which, it was suggested, should be issued as a joint statement of the B.M.A. and the Society. After discussion it was agreed that the Society would endorse the document without amendment, and instructions were given for its publication in PUBLIC HEALTH. The members present congratulated the Committee of the B.M.A. responsible for drafting the document.

70. *Handicapped Pupils Regulations, 1953*.—After hearing the report of Dr. A. A. E. Newth, it was agreed that nothing further could be done in this matter.

**71. Respiratory Tuberculosis.**—It was reported that following the last meeting of the Council the question of the failure of hospital staffs to notify cases of tuberculosis had been referred to the British Medical Association, who had drawn the attention of the Regional Consultants and Specialists Committees to the matter.

**72. Report of the General Purposes Committee.**—Dr. Cowan presented the report of the Meeting of the General Purposes Committee, held on Friday, December 11th (Appendix "A").

*Min. 34. Finance Sub-committee*

(a) *Staffing of the Central Office.*—The Council considered the recommendations of the G.P. Committee, and after hearing the views of the Yorkshire Branch as put forward by Drs. W. G. Evans and H. L. Settle, it was proposed and seconded that the report of the G.P. Committee, as set out in Minute 34, be accepted and endorsed. It was proposed and seconded, as an amendment, that the matter be referred to Branches for discussion. The amendment having been put to the meeting and declared lost, the original proposition was put to the meeting and declared carried by an overwhelming majority.

The members present expressed appreciation of the fact that Dr. Hall was willing to assist the Society, as recommended in the report of the G.P. Committee, and stated that the Society was fortunate to obtain the services of Dr. Hall.

(b) *Membership of Council.*—It was reported that a letter, dated January 13th, had been received from Dr. Robert Sutherland, a member of the Yorkshire Branch, requesting early information as to the names and occupational offices of the present members and officers of the Council of the Society, the total number of years that each had served on the Council in any capacity, and the number of years which each had served continuously upon the Council during his or her present tenure of membership. It was resolved that Dr. Sutherland be informed that this information could not be made available to him.

(c) *Branch and Group Grants.*—In connection with the decision of the Council referring to Branch and Group grants, a letter was received from the Yorkshire Branch asking for additional financial assistance, in view of the fact that the Branch funds showed a deficit of £40 11s. It was resolved that the request be referred to the next meeting of the General Purposes Committee.

*Min. 36. D.P.H. Committee.*—Prof. C. Fraser Brockington, Chairman of the D.P.H. Committee, presented the memorandum which had been endorsed by the General Purposes Committee. Subject to certain minor amendments and additions the memorandum was adopted as the Society's policy and the Council extended to the Committee and to Prof. Fraser Brockington the congratulations of the Council on the work of the Committee.

*Min. 38. Children with Defective Hearing.*—It was reported that information had been received from the Ministry of Education that it was not now intended to issue a Circular on this matter.

*Min. 39. Health, Welfare and Safety in Shops, Offices, Catering Establishments, Road Vehicle Depots and Dental Mechanics Workshops.*—The Council endorsed the memorandum prepared by the Occupational Health Committee which had been forwarded to the Home Office and which contained the Society's observations on the proposals for legislation for Health, Welfare and Safety in Shops, Offices, Catering Establishments, Road Vehicle Depots and Dental Mechanics Workshops.

*Min. 40. Cost of the National Health Service*

(a) *Evidence of the Society.*—The President reported that he was at the present time engaged in drafting a document which would contain the views of the Sub-committee regarding the evidence to be submitted by the Society to the Guillebaud Committee.

(b) *Evidence of the B.M.A.*—The Council received a copy of the memorandum of evidence forwarded to the Guillebaud Committee by the B.M.A. The document had been forwarded in accordance with the agreement between the B.M.A. and the Society.

*Min. 43. Research.*—It was reported that the Maternity and Child Welfare Group wished to suggest the following names for the membership of the proposed Committee on District Nursing Records: Drs. K. Hart, J. D. Kershaw, Elspeth Warwick, R. C. Wofinden. It was resolved to accept this suggestion with the addition of the names of Dr. W. Woolley, Bristol, and Mr. B. Benjamin, a statistician.

*Min. 47. Condemned Meat.*—The attention of members

was drawn to the issue of the Intermediate Report of the Interdepartmental Committee on Slaughter Houses. The Recommendations of the Committee were that Local Authorities should remain responsible for licensing private Slaughter Houses during the interim period before moderate concentration is implemented.

*Min. 49. Accommodation for Medical Inspection in Schools.*

—A letter, dated February 9th, from the Ministry of Education, enclosed a draft of the new regulations proposed to be issued on the Standards for School Premises. Regulations 12 and 25 in the draft dealt with facilities for medical inspection and treatment in primary and secondary schools and were for practical purposes identical with the existing regulations. In the accompanying letter, the Society was informed that it had been found impracticable, for reasons given, to prescribe a separate room or rooms for medical inspection and treatment. The matter would, however, be dealt with in a Building Bulletin.

*Min. 51. Duties of Nurses*

(a) Members had before them a report showing the observations of Branches and Groups on the letter received from the Medical Defence Union. It was resolved to refer this matter to the General Purposes Committee and that Dr. Forbes, the Secretary of the M.D.U., be invited to attend the meeting to take part in the discussion.

(b) It was reported that a letter, dated January 11th, had been received from the Royal College of Nursing, inviting the Society to appoint one representative to meet with members of the British Medical Association, the Institute of Hospital Administrators, and the Medical Defence Union, on Wednesday, February 17th, to discuss a memorandum issued by the College on the legal position of the nurse undertaking procedures outside her professional scope. Dr. Gibson had attended the meeting on behalf of the Society. It was understood that the Royal College of Nursing was to issue a document on the whole question for the comment of the bodies concerned.

*Min. 59. Dismissal of County Medical Officer, N. Ireland.*—Reports were submitted of the action which had been taken in this matter.

*Min. 60. College of General Practitioners.*—A letter, dated January 6th, from the Chairman of the Research Committee of the College of General Practitioners, gave information concerning the activities of the Research Committee of the College. A proposal that an approach be made to obtain cross representation between the Research Committee of the Society and of the College, was referred to the General Purposes Committee for further consideration.

Subject to the above amendments and additions, the Minutes of the General Purposes Committee meeting were received, and the recommendations contained therein adopted.

**73. Functions of the Medical Officer of Health.**—Members were reminded that following a recommendation of the County and County Borough groups it had been decided to prepare a document on the Duties of the Medical Officer of Health. A Sub-committee had been appointed and a document had been agreed for submission to Council. In view of the length of the document and the fact that it was intended to circulate the document when agreed, it had been decided to submit it in proof form. It was decided that in view of the time that had elapsed since the matter had last been considered it would be necessary for the document to be reconsidered before submission, and the following members were constituted a Committee for this purpose: Prof. C. Fraser Brockington, Sir Allen Daley, Drs. F. M. Day, J. M. Gibson, F. Hall, A. A. E. Newth, J. A. Stirling, W. S. Walton, H. Maurice Williams.

**74. Medical Manpower in War Time**

(a) *Central Medical Recruitment Committee.*—It was reported that the Central Medical Recruitment Committee was due for reappointment as from April 1st, 1954, and that the Society had been asked to appoint its representative for 1954/55. It was resolved that Dr. G. F. Buchan be reappointed a member of the Committee.

(b) *Area Medical Recruitment Committees.*—It was reported that the Area Medical Recruitment Committees were also due for reappointment as from April 1st, 1954. Letters were being sent to all the present members asking if they were willing for their names to go forward for reappointment.

**75. Medical Reports on Entrants to Training Colleges.**—Dr. A. A. E. Newth reported on a further meeting which representatives of the Society had had with Dr. Peter Henderson at the Ministry of Education. Three points had been agreed (1) that reports should be regarded as confidential, at all stages, (2) no



students would be rejected on medical grounds without consultation with the Inspecting Medical Officer, and (3) that candidates should be asked to sign a document agreeing to being medically examined and to the sending of the report to his prospective college.

**76. British Post-graduate Medical Federation.**—It was reported that a letter had been received from the Federation, informing the Society that a number of Medical Officers of Health in London and the Home Counties had taken part in a general discussion on the need for the provision of opportunities for Medical Officers of Health of local authorities to keep up to date in the clinical branches of medicine. It had been agreed that when post-graduate courses for General Practitioners were being arranged, one or two places would be reserved for assistant medical officers.

**77. Notification of Infectious Disease.**—A letter, dated December 18th, had been received from the Chief Medical Officer, Ministry of Health. The letter suggested that it might be possible for individual medical officers of health to obtain information on a confidential basis from local laboratories about non-notifiable infectious or communicable diseases in which they were particularly interested. It was agreed that action on this suggestion be deferred.

**78. Training of District Nurses.**—It was reported that an invitation had now been received for the Society to present evidence to the Working Party which is to consider the training of district nurses. It was agreed that the following be appointed a Sub-committee (with power to co-opt) to prepare draft evidence in this connection: Drs. C. Metcalfe Brown, J. S. G. Burnett, Prof. C. Fraser Brockington, Drs. W. G. Clark, H. K. Cowan, Miriam Florentin, J. M. Gibson, F. Hall, A. A. E. Newth, J. A. Stirling, Andrew Topping, W. S. Walton, Nora Wattie.

**79. Prevention of Tuberculosis.**—It was reported that at the request of the British Medical Association, the Ministry of Health had forwarded for the consideration of that organisation a draft of the memorandum on the prevention of Tuberculosis. The Ministry had also forwarded a copy of the memorandum for the information of the Society. It was reported further that the Chairman of the General Purposes Committee had examined the draft and that the minor amendment which he had suggested had been incorporated in the Circular.

**80. B.M.A. Council—P.H.S. Representatives.**—It was resolved that Drs. H. D. Chalke and H. K. Cowan be nominated to serve on the Council of the B.M.A. for the Session 1954/55.

**81. A.R.M. of the B.M.A.**—It was agreed that Drs. H. D. Chalke, H. K. Cowan, Stuart Laidlaw and J. A. Stirling, be nominated as representatives of the P.H.S. to attend the A.R.M. of the B.M.A.

**82. Knackers' Yards Draft Model By-laws.**—It was reported that the Food Standards and Hygiene Division of the Ministry of Food had forwarded copies of the draft model by-laws for Knackers' Yards for the examination and comments of the Society.

A document, prepared and forwarded to the Ministry by the Standing Sub-committee for Food Matters, was confirmed.

**83. Gas and Air Analgesia.**—A letter, dated January 23rd, from Dr. Godber, enclosed a copy of a letter and proposed form of questionnaire which it was suggested should be used in connection with the Ministry undertaking a sampling enquiry into analgesia in domiciliary midwifery. The action of the Chairman of the General Purposes Committee in giving instructions that Dr. Godber be informed that the Society had no comments to make, was confirmed.

**84. Verminous Persons.**—It was reported that the Yorkshire Branch of the Society had been considering the inadequacy of present legislation for dealing with verminous persons. The recommendation of the Branch was confirmed, and it was resolved to forward to the Ministry of Health a recommendation that Section 85 of the Public Health Act, 1936, should be amended to permit a Medical Officer of Health or other person duly authorised by a local authority to examine all other persons of a family, or other inmates of a common lodging house, where:—

(a) A school child has been dealt with in accordance with Section 54 (2) of the Education Act, 1944, on two or more occasions during any period of six consecutive months.

(b) Where a person has been reported as verminous to the Medical Officer of Health by a medical practitioner, health visitor, nurse or midwife.

(c) Any other person found by the Medical Officer of Health to be verminous.

**85. Consultation between Society and Government Bodies.**—Letters from Dr. A. A. E. Newth and from the Dental Officers Group draw the attention of the Council to instances where the Society had not been consulted before action had been taken by certain Government Departments and public bodies on matters relating to public health, without prior consultation with

the Society. It appeared that informal action had already been taken with the result that the position had now very much improved and it was resolved therefore to take no action for the time being.

**86. Disparity between Salaries in the Public Health Service and Other Parts of the National Health Service.**—It was agreed that a letter, dated January 13th, from the Scottish Branch be forwarded for the consideration of Committee "C."

**87. Contamination of Bathing Beaches.**—A letter, dated January 15th, from Prof. J. S. Wilson, invited the Council to appoint a representative to serve on the Working Party enquiring into the Contamination of Bathing Beaches. It was resolved that Dr. W. S. Parker, of Brighton, be nominated for membership of the Working Party.

**88. W.H.O.—U.K. Committee.**—A letter, dated January 22nd, from the sponsors of the proposed United Kingdom Committee of the World Health Organisation, invited the Society to appoint representatives to attend the preliminary meeting which was to be held in London on March 3rd, to discuss the proposals. Dr. H. K. Cowan kindly agreed to represent the Society at this meeting.

**89. Food Hygiene Regulations.**—A letter, dated January 26th, from the Ministry of Food, referred to the Food and Drugs Amendment Bill, which contained enabling powers for the Ministries of Health and Food to make regulations as to Food Hygiene. The letter forwarded copies of the proposed regulations for the comments of the Society.

**90. Surrender of Unsound Meat.**—A letter, dated February 31st, from the Ministry of Food, referred to the practice whereby Sanitary Inspectors accepted the surrender of unsound meat at the request of the owner of the food. The letter suggested that a standard form of certificate should be used in this connection, and that the same document should also be used for the formal seizure of food. The Society's comments on the draft form enclosed with the letter were invited. This matter had been referred to the Standing Committee for Food Matters.

**91. Meat Inspection.**—The attention of the Council was drawn to the Editorial in the issue, dated January 29th, of the *Municipal Journal*, which referred to the submission to the Ministry of Agriculture of a memorandum by the British Veterinary Association, suggesting that meat inspection should no longer be a local authority function. It was resolved that representatives of the Public Health Committee of the B.M.A. and of the Sanitary Inspectors Association be invited to meet representatives of the Society to discuss the matter. It was resolved that Drs. F. M. Day, F. A. Belam, W. R. Martine, and C. F. White should represent the Society at the proposed conference.

**92. Honorary Fellowship of the Society.**—It was resolved at the nomination of the Scottish Branch to forward the name of Sir Andrew Davidson, former Chief Medical Officer of Health for Scotland, for election as an Honorary Fellow of the Society at the next Ordinary Meeting.

**93. British Tuberculosis Association—Annual Conference.**—A letter, dated January 26th, from the Hon. Secretary of the British Tuberculosis Association, asked the Society to nominate a Medical Officer of Health to give a paper on "B.C.G. in Practice, from the Local Authorities Point of View" at the Annual Conference of that Association which was to be held in Oxford in July. It was resolved to ask Dr. J. F. Warin, Oxford, C.B., to allow his name to be forwarded to the B.T.A.

**94. Local Government Administration.**—It was resolved that the report of the Survey of the Organisations and Methods Division of the Treasury which had investigated the administration of the various Local Government Departments of Coventry C.B. be considered at the next meeting of the General Purposes Committee.

**95. Appointment of C.M.O. West Riding C.C.**—It was resolved that a letter be addressed to the Ministry of Health, calling attention to the fact that no Medical Officer of Health had yet been appointed to fill the vacancy caused by the resignation of Prof. C. Fraser Brockington, who had left the employ of that authority in 1951.

**96. Fluoridation of Water Supplies.**—It was resolved to endorse the resolution passed at a recent meeting of the Dental Officers Group, as follows:—

"That the Dental Officers Group of the Society of Medical Officers of Health welcomes the acceptance by the Ministries of Health and of Housing and Local Government and by the Secretary of State for Scotland of the Report of the United Kingdom Mission on 'The Fluoridation of Domestic Water Supplies in North America as a means of controlling Dental Caries,' and further expresses the hope that the investigations considered desirable before fluoridation is generally adopted in

this country as a public health measure will be set in progress as speedily as possible."

97. **Representation.**—The following were appointed representatives of the Society at the functions named :—

(a) *Cremation Society Annual Conference, Torquay.*—Dr. J. V. A. Simpson.

(b) *British Standards Institution—Committee on Chemicals in Chemical Closets.*—Dr. F. R. Waldron.

98. **Life Membership.**—The following members, being duly nominated by their respective branches, were confirmed for election at the next Ordinary Meeting of the Society :—

*Metropolitan Branch.*—Dr. A. J. Shinnie, O.B.E. Formerly M.O.H. City of Westminster. Joined the Society in 1916. Major-General Thomas Young, R.A.M.C., C.B., O.B.E. Formerly Director of Army Health. Joined the Society in 1924.

*East Anglian Branch.*—Dr. W. B. Christopherson. Formerly Chest Physician East Anglian R.H.B. Joined the Society in 1918.

*Yorkshire Branch.*—Dr. N. Gebbie. Formerly M.O.H. Hull C.B. Joined the Society in 1920.

*Southern Branch.*—Dr. W. Simpson. Formerly A.M.O. Hampshire C.C. Joined the Society in 1921.

**Any Other Business.**—There being no other business the meeting terminated at 12.55 p.m.

### GENERAL PURPOSES COMMITTEE

The first meeting of the General Purposes Committee, for the Session 1953/54, was held on Friday, December 11th, 1953, at 10 a.m., in the Committee Room of the Society.

**Present.**—The President, Dr. C. Metcalfe Brown; Chairman of Council, Dr. J. M. Gibson; Drs. H. D. Chalke, H. K. Cowan, C. K. Cullen, F. M. Day, Miriam Florentin, C. E. E. Herington, Maurice Mitman, A. A. E. Newth, T. Ruddock-West, J. F. A. Smyth, Esq., L.D.S., Drs. J. A. Stirling and H. C. Maurice Williams.

Prof. C. Fraser Brockington and Dr. Andrew Topping were also present. Dr. A. V. Kelynack, Assistant Secretary of the B.M.A., attended as an observer.

An apology for absence was received from Dr. J. Riddell.

29. **The Membership of the Committee** was reported as follows :—Dr. C. Metcalfe Brown, Dr. H. D. Chalke, Dr. H. K. Cowan, Dr. C. K. Cullen, Dr. F. M. Day, Dr. Miriam Florentin, Dr. J. M. Gibson, Dr. C. E. E. Herington, Dr. Maurice Mitman, Dr. A. A. E. Newth, Dr. J. Riddell, Dr. T. Ruddock-West, J. F. A. Smyth, Esq., L.D.S., Drs. J. A. Stirling and H. C. Maurice Williams.

30. **Appointment of Chairman.**—The President, Dr. C. Metcalfe Brown, took the Chair for the purpose of the election of a Chairman of the Committee. It was proposed and resolved unanimously that Dr. H. K. Cowan be reappointed Chairman for the present Session. The President then vacated the Chair in favour of Dr. Cowan.

31. **Welcome to New Member.**—The Chairman extended a welcome to Dr. H. C. Maurice Williams, who had been reappointed a member of the Committee after a lapse of two years.

32. **Minutes of Last Meeting.**—The Minutes of the Meeting of the Committee, held on July 10th, 1953 (PUBLIC HEALTH, pages 28, 29) were confirmed and signed by the Chairman.

### 33. Whitley Medical Functional Council

(a) *Committee "C."*—Dr. A. V. Kelynack reported verbally on the discussions at the meetings of the Staff Side and the full Committee "C."

(b) *Salaries of County Borough Medical Officers of Health.*—A letter was received from the Hon. Secretary of the County Borough Group, informing the Council that the Group had resolved to ask the Society to consider the question of the salaries of County Borough Medical Officers of Health with a view to suggesting an appropriate weighting which might be arrived at in respect of their special duties and responsibilities. It was agreed that the Group be asked to prepare a document, stating the case for this suggestion so that the matter could be considered fully at the next meeting of the Committee.

34. **Finance Sub-committee.**—Dr. Andrew Topping presented the report of the Finance Sub-committee which had been appointed to deal with all questions relating to the finances of the Society and the staffing of the Central Office. After considering the report of the Sub-committee, it was resolved to endorse their recommendations to be forwarded to Council as follows :—

(a) *Staffing of Central Office.*—It was agreed that the possibility of the appointment of a full-time Medical Secretary, at a salary equivalent to that of a Medical Officer of Health of a large Local Authority, could not be considered as the salary involved would necessitate such a large increase in the membership subscriptions of the Society as would lead only to a vicious circle of rising subscriptions and falling membership.

It was agreed, however, to recommend that Dr. F. Hall, formerly County M.O.H. Lancashire County Council, be offered the position of Medical Secretary of the Society, and that he be paid an honorarium of 400 guineas per annum.

As Medical Secretary, Dr. Hall will devote a sufficient amount of his time to enable him to undertake the general supervision of the work of the Society, to attend main Committees and prepare, where necessary, draft memoranda and reports. Dr. Hall would be able to carry out much of the work involved in his own home. It was understood that Dr. Hall had been approached unofficially and would be very willing to assist the Society in the manner suggested. It was agreed to recommend to Council that the operative date for the appointment be April 1st, 1954.

(b) *"Public Health."*—It was agreed to recommend that Mr. Elliston continue as Editor of PUBLIC HEALTH at his present salary of £250 per annum. It was agreed that every possible endeavour should be made to see that the journal should be published at a regular date each month, and as early in the month as possible, and that if this was done there was every reason to expect that income from official advertising could and would increase.

(c) *Branch and Group Grants.*—With regard to Branch and Group grants, it was considered that, in view of the fact that in some instances the capitation grants were adequate to cover the expenses, whereas there were other cases where financial difficulties were being experienced, no recommendation should be made regarding any general increase in the capitation allowances. It was felt that the position should remain as it was at present and that each application for a supplementary grant be considered on its merits.

(d) *Travel Allowances for Members of Council.*—A suggestion had been made that the members of Council and its Committees be paid Third Class rail fare instead of First Class as at present. It was agreed to recommend that no change be made in the present arrangements.

(e) *Size of Council.*—The Committee considered the report of the Sub-committee in connection with the decision taken at the last Annual General Meeting of the Society that the size of the Council be reduced and it was resolved to recommend that the representation of Branches and Groups be altered so that each Branch and Group be entitled to at least one representative, with a second representative where the membership reaches 300 and a third representative when its membership reaches 600. This would mean a reduction of approximately nine in the usual number of Council members. It was agreed, however, to recommend that in the case of Branches and Groups who were only entitled to one representative, a deputy be allowed to attend meetings if the elected representative was unable to do so.

(f) *Membership Subscriptions.*—It was realised that the above recommendations would involve a net increase in expenditure, which, together with the present estimated excess of expenditure over income, would necessitate an all-round increase in subscriptions. It was resolved, therefore, to recommend that membership subscriptions be increased in all cases by 10s. 6d. per annum, so that an estimated additional income of £1,000 per annum could be raised. The new rates of subscriptions would therefore be as follows :—

|  | £ | s. | d. |
|--|---|----|----|
| <i>Fellows</i>   |   |    |    |
| Medical and Dental Officers holding whole-time appointments  | 3 | 3  | 0  |
| Medical and Dental Officers holding whole-time appointments but within six years from date of first registration | 2 | 12 | 6  |
| Subsequently   | 3 | 3  | 0  |
| Medical and Dental Officers holding part-time appointments, serving with H.M. Forces or overseas                 | 2 | 12 | 6  |
| Medical and Dental Officers retired from active work   | 2 | 2  | 0  |
| Fellows who are husband and wife, if both are in active practice, a joint subscription of                        | 5 | 5  | 0  |
| Or, if one is not in active practice, of   | 4 | 14 | 6  |
| <i>Associates</i>  | 2 | 2  | 0  |
| Students taking a Course for the D.P.H.  | 1 | 11 | 6  |

35. **Training of Health Visitors.**—A letter, dated November 28th, was received from the Ministry of Health, formally inviting the Society to submit evidence to the Working Party. It was reported that the Ministry had been informed that the Society's evidence would be submitted in the very near future. In the Ministry's letter it was indicated that the evidence forwarded by the Scottish Branch to the Scottish Joint Sub-committee would be available to the Working Party, but it was asked that the evidence now to be submitted by the Society should represent the views of England, Wales and Scotland. The Ministry also stated that a Questionnaire would be issued towards the end of

January, covering the particular points on which the views of the Society were sought. Arrangements had been made for a meeting of the Training of Health Visitors Sub-committee to be held on February 18th to prepare answers to this Questionnaire and to consider the suggested training syllabus.

**36. D.P.H. Committee.**—Prof C. Fraser Brockington, Chairman of the D.P.H. Committee, submitted the Committee's final report on Post-graduate Education in Public Health of medical practitioners. The Committee was thanked for its very comprehensive report, and it was resolved that it be forwarded to the Council for consideration at its next meeting. (Appendix "B.")

Arising from the discussions on this matter it was resolved to recommend that the Council refer to Whitley Committee "C" the proposal that the employers' side be pressed to agree to similar conditions of service to those in the Rushcliffe Agreement, whereby each member of the public health service should be entitled to attend a post-graduate course at least once in every five years.

**37. Civil Defence.**—It was reported that a memorandum had been received from Dr. W. S. Walton too late for circulation prior to the present meeting, and in view of the length of the Agenda it was resolved that the consideration of this item be deferred until the next meeting of the Committee, and that an invitation be extended to Dr. Walton to attend.

**38. Children with Defective Hearing.**—It was reported that the School Health Service Group was still considering this matter and that the Ministry of Education had agreed to defer the issue of the Circular for the time being.

**39. Occupational Health Service.**—It was reported that the Occupational Health Service Committee had held a further meeting on December 9th, when the Committee had considered recommendations from individual members of the Society as to comments which should be forwarded to the Home Office on the proposals for legislation on the Health, Welfare and Safety in Shops, Offices, Catering Establishments, Road Vehicle Depots and Dental Mechanics Workshops. The Committee had been unable to prepare a memorandum in time for consideration at this meeting, and it was resolved that the Committee be authorised to forward observations on the Society's behalf.

**40. Cost of the National Health Service.**—It was reported that a draft interim report on the considerations of the Committee set up to enquire into this matter had now been prepared and would be considered by the Committee at its next meeting, which was to be held in January.

**41. Rehabilitation of Disabled Persons.**—The Committee received, for confirmation, a copy of the evidence submitted by the Rehabilitation Sub-committee. (Appendix "C.")

**42. Investigation of Hospital Outbreaks of Puerperal Infection.**—It was reported that representatives of the Society had discussed with Sir John Charles the question of hospital outbreaks of puerperal infection. Further consideration was being given by the Ministry to this matter, and further proposals would be forwarded in due course.

**43. Research.**—It was reported that at the last meeting of the Research Committee it had been resolved that a small Sub-committee should be set up, the membership of which would include a statistician, to examine points made by Dr. R. C. Wofinden in an article in the *Medical Officer* on results of analysis of the District Nursing records in the city of Bristol. Dr. Wofinden had drawn attention to the paucity of such records and had suggested that properly formulated data on home nursing could be of great value in morbidity inquiries, and that the Society should suggest a common standard for such statistics. It was reported further that this recommendation had been accepted in principle, but the membership of the Sub-committee had never been determined. It was resolved to refer to the Maternity and Child Welfare Group the question of the membership of the proposed Committee.

**44. Distribution of Transferable Deaths.**—Mr. R. M. Blaikley, of the General Register Office, attended the meeting to discuss the new arrangements proposed for the transfer of registrable deaths. The Committee was not entirely satisfied with the proposals, but it was resolved that the Registrar-General be informed that the Society would not object to the proposed new procedure being operated for a period of two years, provided that during this period consultations take place between the representatives of the Society and the General Register Office with a view to formulating a procedure which would remove all the present difficulties.

**45. Child Population Estimates.**—Mr. Blaikley also dealt with the question of the issue of G.R.O. Circular No. 3/1953, the effect of which would be that Child Population Statistics would not in future be available to County District Medical Officers of Health. The question had been raised by Dr. C. Milliken Smith,

C.M.O.H. Northampton C.C. Mr. Blaikley explained that these statistics had previously been obtained from information based on the issue of ration books and that now that the Ministry of Food had amalgamated a number of Food Offices, the areas being dealt with from existing offices were not continuous with Local Authority areas. In view of the fact that it was expected that the issue of ration books would shortly cease altogether it was agreed that Medical Officers of Health would have to obtain their information in the same way that they did before the war.

**46. Employment of Persons Suffering from Tuberculosis.**—Members were reminded that a letter, dated September 8th, from Dr. J. A. Scott, had referred to the Private Act recently obtained by the County Borough of Huddersfield, which enables that Authority to pay compensation to persons suffering from Tuberculosis, who had given up their work on the advice of the Medical Officer of Health, and were on that account precluded from earning their living. The letter had been referred to the Sub-committee dealing with the Rehabilitation of Disabled Persons, so that the comments of that Sub-committee could be considered by the General Purposes Committee. It was reported that the opinion of the Rehabilitation Sub-committee was that there was no necessity to introduce any general legislation of this nature.

**47. Condemned Meat.**—Members were reminded that at the Council Meeting held on September 18th the attention of members had been drawn to the fact that meat which had been condemned by the Ministry of Food was now being offered for sale by public auction, and there did not appear to be adequate restrictions imposed upon the purchasers. This question had been referred to the General Purposes Committee for consideration. In the meantime the Standing Committee for Food Matters had considered this question in relation to a subsequent enquiry from the Ministry of Food which asked the Society for comments on the proposed introduction of two new conditions of sale further to safeguard the public against the danger from the sale by auction of condemned meat. As a matter of urgency a letter had been forwarded to the Ministry of Food in which it was stated that the two additional conditions were welcomed, provided that each Local Authority should be notified by the Ministry of Food of the buyers of the meat and offal and provided that the process required should be sufficient to guarantee sterilisation. The Ministry of Food was informed that these comments were forwarded without prejudice to the Society's confirmed conviction that condemned meat and offal should be disposed of only to purchasers known to Local Authorities to possess means of processing or otherwise sterilising the meat, so as to render it harmless to humans or animals.

Arising from consideration of this matter, it was resolved that a letter be addressed to the Ministry of Food asking for details of the present position with regard to the formulation of a policy on the future of slaughterhouses.

**48. Public Health Service Member—Definition.**—Members were reminded that Dr. J. M. Gibson had raised this matter at the Meeting of Council on September 18th, and that it had been referred for consideration by this Committee. It was proposed and seconded that no action should be taken by the Society on this matter, and on the proposition being put to the Meeting, six members voted in favour and two against, and the Chairman declared the motion carried.

**49. Accommodation for Medical Inspection in Schools (Min. 5).**—A letter, dated November 5th, was received from the Ministry of Education. (Appendix "D.") It was resolved to recommend to Council that the Ministry of Education be pressed to give further consideration to this matter.

**50. Ministry of Education Circulars (Min. 6).**—A letter, dated November 5th, was received from the Ministry of Education in which it was stated that the Ministry regretted that they were unable to accede to the Society's request that Circulars relating to the School Health Service should be stamped "For the School Medical Officer." Arrangements had now been made for the Ministry of Education Circulars to be sent to the Editors of PUBLIC HEALTH and the *Medical Officer*, and reference to all Circulars relating to the School Health Service would in future be found in these Journals. The Committee agreed with the Ministry that if a Principal School Medical Officer found that he was not receiving copies of the Ministry's Circulars intended for him, then he should take up the matter with the Local Authority Officer concerned.

**51. Duties of Nurses (Min. 22).**—It was reported that, for reasons of space, it had not been possible to publish in the journal the letter from the Medical Defence Union on the question of the duties of nurses. A copy of the letter, however, had been sent to the Hon. Secretary of each Branch and Group of the Society. Comments on this matter were still being awaited from these various sections of the Society.



52. **Ministry of National Insurance Circulars FE 297 (Min. 24).**—It was reported that Dr. James Fenton had discussed with Dr. Arthur Massey the question of the release of information regarding the rise in sickness claims owing to influenza epidemics. The Ministry of National Insurance's point of view was that the systematic release of statistical information must be restricted to regions, particularly because of staffing difficulties.

53. **Death Certificates (Min. 25).**—A letter was received from the General Register Office in which it was stated that the question of the form of certificate used by coroners had been taken up with the Home Office, and that proposed alterations were at present the subject of discussions with the coroners. The coroners had agreed to a revision of the form, and the General Register Office was formulating its proposals more precisely.

54. **Condemnation of Canned Foods (Min. 27).**—Members were reminded that a letter, dated September 17th, had been received from the London Chamber of Commerce, which advocated the storing of condemned canned foods for a period sufficient to allow of its inspection by the sellers.

A further letter from the Chamber of Commerce made it clear that the request only referred to cases where considerable quantities of canned foods were condemned and not to cases involving a small number of cans. It was resolved that the Chamber of Commerce be informed that the Society was opposed in principle to the holding of large quantities of condemned foods, and that in any event the question was a matter for local consideration.

55. **Cruelty and Neglect of Children.**—It was reported that a letter, dated October 30th, from the British Medical Association, stated that the Association, together with the Magistrates Association, was at present considering the question of cruelty and neglect of children. To help the Committee in its work, the Society was asked to forward the views of the School Medical Officers and Medical Officers of Health engaged in Maternity and Child Welfare work on six specific points. A letter had been forwarded to the Maternity and Child Welfare, and School Health Service groups for consideration and report. This action was confirmed.

56. **Central Midwives Board.**—It was reported that the Central Midwives Board had been considering the question of the amendment of its rules, and that the amended version in draft form had been forwarded to the Society for comment.

Dr. J. M. Gibson, the Society's representative on the Board, had no comments to offer on the proposals and it was resolved that the Board be informed that the Society approved the proposed amendments.

57. **British Council for the Welfare of Spastics.**—A letter, dated October 22nd, was received from the British Council for the Welfare of Spastics in which the Society was informed that the Medical Advisory Committee of that Council was planning to hold a Conference in London from September 27th to 30th, 1954, on the Treatment of Children Suffering from Cerebral Palsy.

It was hoped that certain leading American specialists would speak at the Conference and it was estimated that an amount of £800 would have to be spent on their expenses. The Society was asked to consider making a small grant towards the expenses of the Conference. In this connection the School Health Service Group had offered to finance the Society in the event of the Committee agreeing to make a grant to the Conference funds. As a result of the discussions at the Meeting, the representatives of the School Health Service Group withdrew their offer and it was resolved to recommend to Council that the British Council for the Welfare of Spastics be informed that the Society regretted that it was unable to assist in the manner suggested.

58. **Housing.**—A letter from Dr. E. D. Irvine, Exeter C.B., suggesting that the Society should show itself interested in the matter of housing in view of the fact that there was a risk that architects and surveyors would bring pressure to bear to bring slum clearance problems within their scope rather than that of the Health Department Authorities, was received.

59. **Dismissal of County Medical Officer (N. Ireland).**—It was reported that the Antrim County Health Committee had asked the N. Ireland Ministry of Health and Local Government for approval for the removal of Dr. Percival V. Pritchard from his office, such removal to take effect on the expiration of six months from the date of receipt of ministerial approval. Dr. Pritchard had written to the Society seeking its assistance in this matter. It was resolved that the Society support the British Medical Association in any action it decided to take in this connection.

60. **College of General Practitioners.**—The attention of members was drawn to the report in the November 21st issue of the *B.M.J.* of the First Annual Meeting of the College of General Practitioners. The report states that sub-groups have been formed on several matters with which the Society is closely concerned and there is a projected scheme for observation, in collaboration with the P.H.L.S., of the occurrence, pattern and distribution throughout the country of minor illnesses of epidemic type. It was

pointed out that the report does not refer in any way to Medical Officers of Health and it was suggested that the Society should establish contact with the College for cross-representation in this matter. Dr. H. D. Chalke kindly undertook to discuss this question with the Chairman of the Executive Committee of the College.

61. **Royal College of Nursing.**—A letter, dated November 25th, from the Royal College of Nursing, asks the Society to arrange for the reception of representatives of the College for the discussion of various matters. It was resolved that an invitation be extended for representatives of the College to attend the next Meeting of the General Purposes Committee.

62. **Central Health Services Council, and Standing Advisory Committees.**—It was reported that the annual invitation for suggestions for membership of the Central Health Services Council and its standing advisory Committees had been received. The names to be suggested were agreed as follow:—

- (1) *Membership of Council.*—Dr. H. C. Maurice Williams.
- (2) *T.B. Advisory Committee.*—Dr. C. K. Cullen and Dr. H. D. Chalke.
- (3) *Medical Advisory Committee.*—Dr. K. Cowan and Dr. T. Ruddock-West.

(4) *Maternity and Midwifery.*—Dr. Jean Mackintosh. Suggestions for membership of the Dental Advisory Committee had been referred to the Dental Officers Group.

63. **Representation.**—The following were appointed to represent the Society:—

(a) *National Association for Mental Health, Council, 1954.*—Dr. H. M. Cohen.

(b) *Royal Sanitary Institute Congress, Scarborough, April 27/30, 1954.*—The President, the Medical Secretary and the Administrative Officer.

There being no other business, the meeting was declared closed at approximately 12.45 p.m.

## NEW SOUTH WALES BRANCH

*President:* Dr. Marshall Andrew.

*Hon. Secretary:* Dr. M. Gratten-Smith (M.O. Dept. of P.H.).

### Annual General Meeting

The annual general meeting of the New South Wales Branch was held on October 16th, 1953, at 4 p.m., in the office of the Director-General of Public Health.

The President for 1952-3, Dr. E. Cooper-Booth, was in the chair.

There were 10 members present. Apologies were received from Dr. H. G. Wallace, Professor E. Ford, Dr. J. J. Johnston, Dr. T. L. Dunn and Dr. G. C. Smith.

Minutes of the annual general meeting held on June 25th, 1952, were read and received.

*Secretary's Report.* The Hon. Secretary reported that there had been an increase of membership of three during the year. One resignation was received. The total membership was 33, of which 16 were unfinancial.

The activities during the year were:—

- (i) A general meeting on September 10th, 1952, at which Dr. E. Cooper-Booth and Dr. E. Anderson read papers on "Changed Outlook in Venereal Diseases Control" and "Clinical Observations on Venereal Disease in Women" respectively.
- (ii) An afternoon tea was given to Dr. Jean Mackintosh at the Macquarie Club on the afternoon of November 6th, and that evening at 8 p.m., Dr. Mackintosh addressed a general meeting on "Certain Aspects of Public Health Organisation in England."
- (iii) On April 8th, Sir Allen Daley delivered an address to a general meeting on "Forty Years in Public Health."

The Secretary spoke about Sir Allen Daley's visit and thanked those members of the Society who had provided private entertainment for him.

The Secretary's report was received. The financial statement showed a surplus of receipts over expenditure of £8 9s. 9d., after allowing for £13 13s. yet to be remitted to the parent body. The Treasurer moved that this be received. This was seconded by Dr. Cuthbert-Browne and carried.

### Election of Office-Bearers

*President:* Dr. Marshall Andrew, nominated by Dr. Cooper-Booth, and seconded by Dr. Meyers. There being no other nomination, Dr. Marshall Andrew was elected.

*Vice-President:* Dr. E. Meyers, nominated by Dr. C. Cummins and seconded by Dr. Cooper-Booth. There being no other nomination, Dr. Meyers was elected.

*Secretary-Treasurer:* Dr. M. Gratten-Smith, nominated by Dr. C. Cummins and seconded by Dr. Cooper-Booth. There being no other nomination, Dr. Gratten-Smith was elected.

**Council:** Membership of the Council was increased from three to four on a motion proposed by Dr. Myers and seconded by Dr. Puleston-Jones.

Members elected to the Council were: Dr. H. G. Wallace, Professor E. Ford, Dr. J. J. Donnellan, Dr. E. Cooper-Booth.

**Other Business.** It was moved by Dr. G. Cuthbert-Browne and seconded by Dr. E. Cooper-Booth, that a circular be sent to all potential members pointing out the new entrance qualifications, and indicating the advantages of membership, and the link with the British Society and the importance of that link with similar branches in other countries.

This motion was carried.

There being no other business, the meeting was declared closed.

#### NORTHERN BRANCH

**President:** Dr. W. G. Patterson (S.A.M.O., Newcastle upon Tyne, R.H.B.).

**Hon. Secretary:** Dr. W. S. Walton, C.M. (M.O.H., Newcastle upon Tyne, C.B.).

A meeting of the Branch was held in Newcastle upon Tyne on Friday, November 20th, 1953. Dr. H. J. Peters was in the chair and 28 members and two guests were present.

**Representation of Sub-Groups on Council of the Branch.**—It was agreed that Dr. G. M. Cubie, as Honorary Secretary of the Northern Sub-Group of the County District Group, and Dr. G. H. Shanley, as Honorary Secretary of the Durham County Medical Officers' Guild, continue as co-opted members of the Council this year and that the invitations to Sub-Groups to appoint representatives be reviewed annually.

**Duties of Nurses.**—Correspondence between Headquarters and the Medical Defence Union on various duties, principally injections, carried out by nurses without adequate medical supervision, was discussed. The College of Nursing had protested against this involvement of nurses and expressed the view that responsibility which followed from this procedure must be borne by a doctor.

The Branch concurred with the view that such work should be under stricter medical control.

**Programme for Session.**—The Honorary Secretary gave details of the programme so far arranged for the session and his suggestions for further speakers were approved.

Dr. D. Thomson, Ministry of Health, delivered an address on "The Epidemiology of Poliomyelitis."

A meeting of the Branch was held at Elswick Grange, Newcastle upon Tyne, 4, on Friday, January 29th, 1954. The President and 18 members attended.

**Annual Dinner.** It was agreed that the Annual Dinner be held at the Royal Station Hotel on Friday, April 2nd, 1954.

**British Medical Association.** The Hon. Secretary reported that the B.M.A. North of England Branch has reappointed Drs. Goodman and Cormack as its representatives on this Branch.

**Neech Prize.** The Hon. Secretary reported that the Editor of PUBLIC HEALTH had received a paper from a member of this Branch, Dr. E. Hughes, which might be considered for the Neech Prize, but it would be necessary first for the paper to be read to the Northern Branch. It was agreed that Dr. Hughes be invited to do so.

**Poliomyelitis Enquiry.** Dr. Grant presented the minutes of the meeting of the Steering Committee on the Proposed Poliomyelitis Survey in the North of England, which were approved.

**Resolutions of Yorkshire Branch.** A letter from the Yorkshire Branch on the appointment of a full-time Medical Secretary and on other aspects of the management of the Society was considered, and the following conclusions reached:—

- That a full-time Medical Secretary was not necessary, nor could the Society afford one.
- That the Council should be reduced.
- That PUBLIC HEALTH should not be discontinued.
- That the number of Council meetings should not be reduced.

#### NORTH-WESTERN BRANCH

**President:** Dr. S. C. Gawne (C.M.O.H., Lancashire).

**Hon. Secretary:** Dr. J. S. G. Burnett (M.O.H., Preston C.B.).

An ordinary meeting of the Branch was held at Manchester on Friday, November 13th, 1953, at 3 p.m., when 30 members attended.

**Public Health (Tuberculosis) Regulations, 1952.**—Reference was made to the situation whereby primary notification of patients in hospital is made to the medical officer of health of the area in which the hospital is situate and in consequence of which

inaccurate statistical data are collected and it was resolved to refer the matter to the Council of the Society with a view to representations being made to the Ministry of Health.

Correspondence from the Medical Defence Union regarding the giving of injections by nurses otherwise than under the immediate supervision of a medical practitioner was read. It was resolved to advise the Council of the Society that in the north west, apart from one county borough where it appeared that for a number of years trained nurses carried out injections of antigens against diphtheria and whooping cough, the practice did not appear except for the reading of the Mantoux test which had been carried out by nurses in a number of places. The practice outlined above was a reflex of the individual views of the members but the meeting did not consider it was justified in commenting on the procedure adopted by other medical officers of health.

The President then introduced Dr. A. S. Simpson who spoke with skill and dexterity on "Another Look at our Vital Statistics" (this paper appeared in PUBLIC HEALTH, February, 1954, p. 80). Dr. R. E. Robinson paid graceful tribute to the depth and width of the speaker's knowledge of a subject that was understood very imperfectly by most medical men.

An ordinary meeting of the Branch was held at Fazakerley Hospital, Liverpool, on Friday, December 11th, 1953, when 46 members and guests attended. Dr. F. W. C. Brown, in the unavoidable absence of the President, took the chair.

Dr. Christie, physician-superintendent of the hospital, gave a résumé of the most recent methods evolved for the treatment of poliomyelitis complicated by respiratory embarrassment. As always, the essential feature of choice of treatment was accurate diagnosis. The speaker then referred to the various sites of involvement of the nervous system that would result in respiratory emergency indicating in each the treatment of choice. Various techniques were seen in operation, including the Copenhagen method.

Dr. Lobban thanked the lecturer for the wonderful demonstration of modern treatment that was now available for this calamitous condition, a demonstration that proved conclusively Dr. Christie's opinion that special treatment centres were essential and that the value of accurate detailed diagnosis and skilled care far outweighed the risk of travel.

The assembled company was afterwards entertained to tea.

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An ordinary meeting of the Branch was held at the Town Hall, Manchester, on Friday, January 8th, 1954, when 68 members were present to hear Dr. Margaret Griffiths, Research Scholar at St. Mary's Hospital, Manchester, speak on B.C.G. vaccination in practice: at her hospital over 5,000 people of both sexes had been immunised.

After a considerable number of questions, which the speaker handled with skill and dexterity, Dr. Parry Pritchard on behalf of the large company expressed thanks to Dr. Griffiths for the very interesting exposition of the work she was doing and the helpful observations on the immunisation of school leavers.

An ordinary meeting of the Branch was held at the Town Hall, Manchester, on Friday, February 12th, 1954.

The minutes of the meeting, held on January 22nd, 1954, were approved as a true record.

Thirty-seven members and guests were present to hear Professor W. I. C. Morris speak on the subject of maternal mortality with special reference to the recording of maternal deaths by medical officers of health.

Dr. Elliott on behalf of the assembled company expressed thanks for the very valuable information that Professor Morris had placed before the meeting and for the clear and precise views he had expressed on the question of maternal mortality.

### YORKSHIRE BRANCH

*President:* Dr. W. G. Evans (M.O.H., Scarborough M.B., and A.C.M.O.H., North Riding).

*Hon. Secretary:* Dr. H. L. Settle (M.O.H., Doncaster C.B.).

An ordinary meeting of the Branch was held on January 29th, 1954, at the Department of Preventive Medicine and Public Health, Leeds University, 17 members being present.

### Problem Families

Dr. Catherine H. Wright, Assistant Medical Officer of Health, Sheffield, gave an address on this subject. Dr. Wright's paper was based on a detailed investigation of 100 unsatisfactory families in Sheffield. The various factors considered to have contributed to the development of these problem families were dealt with in detail. Measures to improve the condition of the families were discussed. The adverse factors influencing recovery of the family were found to be difficult to eradicate, e.g., incompatibility of the parents, habitual immorality, crime, disinclination for work, etc., and it was found that with constant supervision and encouragement perhaps eight out of 100 families might return to the standards of normal families. The remainder were felt to have little chance of improvement.

Among the suggestions made by Dr. Wright for dealing with problem families was the need for immediate action to be taken where children in problem families were found to be in need of protection. Children of problem families should also receive special attention throughout their school days and their adolescence in an endeavour to inculcate better standards of character and living, and such children should be encouraged to join clubs so that their leisure activities could be supervised, at least in part.

A number of members took part in the discussion which followed the paper and a vote of thanks to the speaker was proposed by Dr. Murdock, M.O.H., Huddersfield.

An ordinary meeting of the Branch was held on February 26th, 1954, at the Civic Hall, Leeds, 21 members being present.

The meeting learned with great regret that Dr. J. M. Gibson, O.B.E., had tendered his resignation from the Branch following his removal to Northern Ireland. It was agreed to nominate Dr. Gibson for life membership of the Society and to send a letter of good wishes to him.

### Public Health Genetics

Professor W. Hobson, of the Department of Social and Industrial Medicine, Sheffield University, gave an address with this title. The speaker pointed out that the differences found between individual human beings resulted mainly from the genetic constitution and the environment of the individual and both these affect his mental and physical potentialities. A few characteristics such as blood groups and alkaptonuria and a few diseases, such as haemophilia, were determined entirely by genetic factors.

The speaker dealt at length with the process of cell division, the formation of the zygote and the mechanism by which hereditary transmission occurred. The investigation of heredity in the human race was a difficult process due to the random selection of mates which occurred and most of our knowledge of heredity transmission was derived from animal experi-

ments in which mating could be controlled. The lecturer gave details of painstaking investigations in America on identical twins which yielded valuable information regarding the presence of heredity factors in the development of tuberculosis. The susceptibility to some common diseases, e.g., tuberculosis, epilepsy, asthma and certain types of cancer, certainly existed, but whether the disease actually developed in a given individual depended to some extent on environmental factors.

A number of hereditary conditions were considered in detail including haemolytic disease of the newborn, haemophilia and colour blindness. In conclusion, the speaker suggested that the Public Health and School Health Services had available a vast quantity of information which might repay detailed investigation and study.

Many members took part in the discussion which followed Professor Hobson's interesting paper and a hearty vote of thanks to the speaker was proposed by Dr. Mainwaring Holt, M.O.H., Keighley.

### BOOK REVIEWS

**Toxic Solvents.** By ETHEL BROWNING, M.D., with a foreword by J. DAVIDSON PRATT, C.B.E., M.A., F.R.I.C. (Pp. 168. Price 18s.) London: Edward Arnold & Co. 1953.

This book was written by Dr. Ethel Browning, one of H.M. Medical Inspectors of Factories, at the request of the Medical Research Council. It gives, without using phrases of too technical a nature, an account of the properties of those organic solvents which would cause danger to health if not used with proper precautions.

It has been written with the engineer, safety officer and industrial manager in mind rather than the doctor; a certain knowledge of physics and organic chemistry is necessary to its understanding, whereas simple medical phenomena and terms are explained carefully. Nevertheless, a doctor with the necessary scientific knowledge will find the book most valuable and interesting, particularly the industrial medical officer and the practitioner whose patients work in the many industries and sections of industries where solvents are in regular use. A realisation of the manifold uses and dangers of these organic compounds of varying degrees of toxicity is also essential for the Medical Officer of Health, who is becoming more and more interested in industrial processes as a cause of ill-health.

Approximately two-thirds of the volume is taken up by an account of the preparation, properties, industrial uses and toxicity of the individual solvents, which are arranged under their chemical groupings, and there are short chapters on their physiological effects and the precautions to be taken in their use.

There is a useful and adequate index, and the volume gives in handbook form a clear and concise account of a subject of increasing importance in industrial and preventive medicine. Perhaps in the near future a further publication will be issued regarding that other group of industrial organic compounds, the plasticisers, which on the whole are more dangerous than the solvents.

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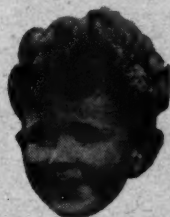
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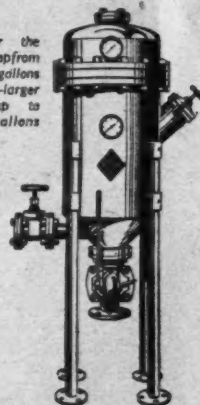


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